

## CLIENT DATA AND SKINCARE PROFILE

DATE \_\_\_/\_\_\_/\_\_\_

BIRTHDATE \_\_\_/\_\_\_/\_\_\_

CLIENT NAME \_\_\_\_\_

PHONE ( ) \_\_\_ - \_\_\_ HM

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_ - \_\_\_ CELL

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_ - \_\_\_ WRK

OCCUPATION/EMPLOYER: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

DO YOU WISH TO RECEIVE EMAIL UPDATES? YES or NO? Email address: \_\_\_\_\_

DO YOU WISH TO RECEIVE APPOINTMENT REMINDERS AND/OR SPA UPDATES BY TEXT MESSAGE? YES or NO?

### MEDICAL

HAVE YOU HAD RECENT SURGERY? YES or NO? ARE YOU CLAUSTROPHOBIC? YES or NO?

DO YOU HAVE ANY PAIN, SCAR TISSUE, CUTS, ABRASIONS, OR OPEN WOUNDS ON THE AREA TO BE TREATED TODAY?

If yes, please explain: \_\_\_\_\_

ARE YOU RECEIVING TREATMENT OR HAVE YOU BEEN TREATED IN THE PAST FOR:  CANCER  DIABETES

HYSTERECTOMY  HORMONE IMBALANCE  HIGH BLOOD PRESSURE  THYROID

ANY INFECTIOUS SKIN CONDITION (includes cold sores) [please explain below]

OTHER/EXPLAIN: \_\_\_\_\_

PLEASE LIST ALL KNOWN ALLERGIES AND SENSITIVITIES (including smells): \_\_\_\_\_

CURRENT MEDICATIONS/SUPPLEMENTS: \_\_\_\_\_

ARE YOU USING RETIN-A, RENOVA, ACCUTANE, OR ANY OTHER SKIN THINNING PRODUCTS? YES or NO?

WHAT IS YOUR ETHNIC BACKGROUND? (Used to determine skin type and possible reactions.) \_\_\_\_\_

ARE YOU PREGNANT? YES NO

### LIFESTYLE

WHAT IS YOUR DAILY CONSUMPTION OF: Water? \_\_\_ oz. Soda? \_\_\_ oz. Caffeinated Coffee or Tea? \_\_\_ cups

DO YOU SMOKE? YES or NO? CONSUME ALCOHOL? YES or NO? EAT SPICY FOODS? YES or NO?

HOW MUCH SLEEP DO YOU NORMALLY GET EACH NIGHT? \_\_\_\_\_ hours

### SKIN CARE

PLEASE LIST ALL PRODUCTS USED REGULARLY ON YOUR FACE & NECK: \_\_\_\_\_

HAVE YOU RECENTLY USED ANY ALPHA HYDROXY ACID (AHA), GLYCOLIC, OR SALICYLIC PRODUCTS? YES or NO?

DO YOU USE A TANNING BED OR TAN IN THE SUN ON A REGULAR BASIS? YES or NO?

DO YOU BURN EASILY? YES or NO? DO YOU BLUSH/TURN RED EASILY? YES or NO?

WHAT TEMPERATURE OF WATER DO YOU USE WHEN CLEANSING YOUR FACE? COLD WARM HOT

DO YOU EXPERIENCE PROBLEMS WITH ANY OF THE FOLLOWING? (Check all that apply)

Tightness in skin  Flaking skin  Shiny/oily skin

Sensitivity to products  Acne breakouts (area of face: \_\_\_\_\_)

PLEASE LIST ANY SPECIFIC SKIN CONCERNS YOU MAY HAVE: \_\_\_\_\_

## Important Information Regarding Skincare and Waxing Services

While skincare therapy treatments and hair removal are designed to improve a person's appearance and condition of the skin, there are certain contraindications that may affect treatment results. Some contraindications include but are not limited to: undiagnosed lumps, bumps or swelling, cuts and abrasions, infectious skin disorders, recent scar tissue, sunburn, severe and inflamed acne, high blood pressure, cancer, and certain medications. **If you as a client fail to notify the esthetician of any contraindications present, it could have rather undesirable results such as prolonging the condition, worsening the condition, or spreading infection on the body and to other people.** If you are being medically treated for any condition and are unsure of the safety of receiving any skincare treatment or waxing, consult your doctor for permission to proceed.

Skincare and waxing treatments provided at this location should never leave a client feeling uncomfortable. Slight redness due to stimulation is normal following skincare treatments and should go away within a few hours at the most. If breakouts occur, it is more than likely due to trapped dirt and oil that is coming to the surface. If cared for properly, using a regular cleansing and moisturizing regime with quality products recommended by the esthetician, breakouts should disperse within a few days. If breakouts continue longer than three weeks after a skincare treatment and proper home skincare regime, you may be sensitive to the product being used. Consult the esthetician immediately if problems occur. Waxing can also have certain side effects including redness, tenderness, swelling, and minor skin removal. You should avoid hot water, harsh abrasives, and any sunscreen, lotion or perfume containing strong chemicals or fragrances, as they may cause irritation. **After waxing or skincare treatments involving exfoliation of the skin, exposure to the sun should be limited for the next 48 hours.** Be sure to ask the esthetician if you have any questions or concerns related to the treatments or post-treatment care.

### Client Consent

By providing my signature below, I hereby consent to and authorize the esthetician, Lisa M. Roberds, to perform the procedure(s) we have discussed. Although it is impossible to list every potential risk and complication, I agree that I have been informed of possible risks and contraindications. I understand the procedure to be performed and I accept the risks involved. I have read and understand the above information, and if I have any questions or concerns, I will address these with my skincare therapist immediately. I also recognize that there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle. I understand that further treatments at additional cost may be required to achieve expected results.

To the best of my knowledge, I have given an accurate account of my medical history and the questions asked on the Client Data and Skincare Profile, including all known allergies and prescription drugs or products I am currently ingesting or using topically. I understand that my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible, and will hold her harmless from any liability that may result from this treatment. I do not hold the esthetician responsible for any of my conditions that were present, but not disclosed at the time of this skincare procedure, which may be affected by the treatment performed today. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

CLIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_