

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Tel # (Cell): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (H): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Consent to use:  Y  N

Address: \_\_\_\_\_

**Primary Skin Concerns:** \_\_\_\_\_

Have you received any Spa or Clinical skin care treatments in the past?  Y  N

Have you received any Medical Aesthetic treatments in the past?  Y  N

If YES please list: \_\_\_\_\_

Do you have any allergies:  Y  N List: \_\_\_\_\_

Are you using or have used any of the following in the last six months:

AHA's or BHA's  Accutane  Retin A  Retinol  Tanning Beds  Self Tanner

Body/Face Wax

Topical Meds List: \_\_\_\_\_

Please list all skin care products you are currently using and how often do you use them?

Facial Cleanser: \_\_\_\_\_ am / \_\_\_\_\_ pm Toner: \_\_\_\_\_ am / \_\_\_\_\_ pm Moisturizer: \_\_\_\_\_ am / \_\_\_\_\_ pm

SPF: \_\_\_\_\_ every day / \_\_\_\_\_ per occasion Foundation: \_\_\_\_\_ daily Concealer: \_\_\_\_\_ daily

Exfoliate : \_\_\_\_\_ every day / \_\_\_\_\_ per week Masks: \_\_\_\_\_ every day / \_\_\_\_\_ per week

Any facial treatment consists of surface cleansing, exfoliation, corrective serum and mask application. Facial treatments take approximately 30 minutes to one hour to complete and are designed to restore skin health and beauty as much as possible in the scheduled time. Clinical facials are recommended for at least once a month in order to achieve and maintain good skin health.

**Important : Please read carefully:**

1. Avoid direct sunlight following a clinical facial.
2. Wait 48 hours following a clinical facial before using Exfoliating Acids or Retinoid products.
3. Avoid using scrubs or depilatories for 48 hours following a clinical facials.
4. Avoid strenuous exercise for 24 hours following a clinical facial.

\_\_\_\_\_ I have informed my Skin Care Professional of any health problems of which I am aware, and all medications I am  
**Initial** taking, particularly Acne medications, Accutane, Retinoids and any topical prescription medication therapies.

\_\_\_\_\_ I understand that the products used by the Skin Care Professional use are pharmaceutical formals designed to treat  
**Initial** skin conditions. Stimulating sensations are normal with product application but should not be painful. If a reaction should occur it would be necessary to make an appointment with the Skin Care Professional prior to an exchange or return of products. All returns must be made within 15 days of purchase for exchange or spa credit only.

\_\_\_\_\_ I agree to inform my Skin Care Professional going forward that I will keep them informed of any medical changes that  
**Initial** may occur in future.

By signing below I hereby consent to the Clinical Facial treatment and my signature shall serve as my consent to future facial treatments. I understand that any skin or medical treatments are not an exact science and that results may vary from person to person.

\_\_\_\_\_ Print Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Print Service Provider Name \_\_\_\_\_ Service Provider Signature \_\_\_\_\_ Date \_\_\_\_\_