Skin Care Consent And Release Form

Date: ___________

Name: _____________________________

Date of Birth: _________________

Address:

____

Home Phone:_____________________

Business Phone: __________________

Cell Phone:_______________________

E-mail address: __________________________

Does your job require that you work outdoors? No Yes

Referred by: ________________________________

What would you like to achieve from your treatment today?

____

____

What service are you having today?(please circle)

Facial Back Facial Microdermabrasion Chemical Peel Microcurrent High Frequency

1) Have you ever had a facial treatment before? No Yes,
When? _________________

2) Which of the following best describes your skin type? (Please circle one type number)

1. Creamy complexion, always burns easily, never tans

2. Light complexion, always burns, tans slightly
3. Light/Matte complexion, burns moderately, tans gradually
4. Matte complexion, seldom burns, always tans well
5. Brown complexion, rarely burns, deep tan
6. Black complexion, never burns, deeply pigmented

3) Do you have any special skin problems or concerns pertaining to your face or body? Yes No
Specify:____
____

4) Have you ever had chemical peels, laser or microdermabrasion? No Yes
In the last month? No Yes

5) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? No Yes
Describe:
____
____

6) Have you used any of the above products in the last 3 months? No Yes

7) Have you used an acne medication? No Yes, When? ___________

8) What skin care products are you currently using?
____

9) Have you recently used any self-tanning lotions, creams or treatments? No Yes
Specify:____

10) Have you used any of the following hair removal methods in the past six weeks? No Yes
(circle all that apply.)

- Shaving
- Waxing
- Electrolysis
- Plucking
- Tweezing
- Threading

11) What areas of concern do you have regarding your:

Skin: (Please check any that apply and explain)

Breakouts/acne o
Excessive oil/shine o
Broken capillaries o
Sun spot/liver spot/brown spot o
Sun damage o
Dull/dry skin o
Other_____________
Blackheads/whiteheads o
Rosacea o
Redness/ruddiness o
Uneven skin tone o
Wrinkles/fine lines o
Flaky skin o Dehydrated o

Eyes:

Dehydrated o
Puffiness o
Wrinkles o
Dark circles o

Lips:

Dehydrated o
Other: ______________
Cracked/chapped lips o

12) Do you have allergies? Please list(food,medications,seasonal,etc.)
____
____

13) What SPF do you use on your face? ____________ How often/when? _____________

14) What SPF do you use on your body? ___________ How often/when? _____________

15) Have you had any recent tanning bed or sun exposure that changed the color of your skin?
Yes No
specify:____
____
__

16) Have you experienced Botox, Restylane or Collagen injections? No Yes
specify:____
____
__

Female Clients Only:

17) Are you taking oral contraceptives? No Yes
specify:____

____
__

18) Any recent changes to or from your contraceptive treatment? No Yes
If so, what and when:
____

19) Are you pregnant or trying to become pregnant? No Yes

20) Are you lactating? No Yes

21) Any menopause problems? No Yes
specify:____
____
__

22) Are you undergoing hormone replacement therapy? No Yes
specify:____
____
__

Male Clients Only:

23) What is your current shaving system? Wet shave Electric

24) Do you experience irritation from shaving? No Yes   Ingrown hairs? No Yes

May we contact you via mail/email about future promotions and news? No Yes

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive at Brow A Beauty Boutique are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: ____

Esthetician Signature____