Client Consultation and Agreements

Date: _____ Esthetician Name: _____

Name: _____ Birthdate: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

Occupation: _____

Referred by: _____

History

1. Is this your first facial treatment? ☐ yes ☐ no
2. What special area of concern do you have?
   _____
3. Are you currently under physician care? ☐ yes ☐ no
   If yes, what for? _____
4. Are you pregnant? ☐ yes ☐ no
5. Are you taking birth control pills? ☐ yes ☐ no
6. Are you taking Hormone Replacement? ☐ yes ☐ no
7. Do you wear contact lenses? ☐ yes ☐ no
8. Do you smoke? ☐ yes ☐ no
9. Do you often experience stress? ☐ yes ☐ no
10. Are you using or have you used any of the following?
    ☐ Retin-A ☐ Renova ☐ AHA/BHA ☐ Glycolics
11. Are you using or have you used Accutane?
    ☐ yes ☐ no If yes, when? _____
12. Have you had peels, laser, or microderm? ☐ yes ☐ no
13. Have you had electrolysis or used depilatories in the past six weeks? ☐ yes ☐ no
14. Do you experience frequent blemishes? ☐ yes ☐ no
15. Are you sensitive to any fragrances? ☐ yes ☐ no
16. Are you taking any medications? ☐ yes ☐ no
17. Any recent surgery, including plastic? ☐ yes ☐ no

Waxing History:

18. Do you have tendencies for:
    ☐ Ingrown hairs ☐ Scarring ☐ Bumps ☐ Bruising
    ☐ Hyperpigmentation

Health

Have you had any of these health conditions in the past or present? (Please check all that apply)

☐ Cancer (any type)
☐ High blood pressure
☐ Allergies (any type) _____
☐ Pacemaker
☐ Asthma
☐ Seizures
☐ Hepatitis
☐ Immune disorders
☐ Metal bone pins/plates
☐ Skin diseases/lesions
☐ Sinus problems
☐ Hormone imbalance
☐ Spinal injury
☐ Diabetes
☐ Varicose veins
☐ Eczema
☐ Fever blisters
☐ Herpes Simplex
☐ HIV/AIDS
☐ Blood clots or poor circulation
☐ Keloid scarring
☐ Skin reaction to any products
☐ Systemic disease
☐ Thyroid condition
☐ Heart problem
☐ Arthritis
☐ Epilepsy
☐ Headaches (chronic)
☐ Frequent cold sores
☐ Lupus
☐ Psychological treatment
☐ Any active infection
☐ Other _____

Skin Care

What skin care products are you currently using? (List brand where known)

Soap _____

Toner _____

Mask _____

Eye Product _____

Cleanser _____

Day Moisturizer _____

Exfoliator _____

Scrub _____

Shower Gel _____

Body Lotion _____

Sunscreen _____

SPF _____

Night Moisturizer _____

Other _____

Makeup Products _____

_____

Policies and Agreements

Please read the following Policies and Agreements carefully. The following information will be important, as it pertains to your session for today and all subsequent appointments. Feel free to ask any questions for clarity. Once you understand this document completely, please sign and date it at the bottom where indicated.

1. I understand, have read, and completed the questionnaire truthfully.
2. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures.
3. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received.
4. I am aware that it is my responsibility to inform the esthetician of my current medical or health conditions and to update this history.
5. I understand that the purpose of my visits with my esthetician is strictly for facials treatments and/or waxing services. This is not a substitute for medical diagnosis, examinations, treatments, or prescriptions regarding illness, ailment, or disease.
6. I understand that facial treatments often result in a breakout within a few days after treatment and that this is normal.
7. Waxing may cause bruises, scabs, scarring, redness, hyperpigmentation or pimples. Waxing of soft tissue may cause the skin to tear resulting in the need for stitches (most common occurrence is in Brazilian waxing.)
8. I understand that I am always in **complete control of my body** during each session and will freely comment regarding my comfort and/or discomfort at any time.
9. I agree to pay by cash or check at the time services are rendered. If my check bounces, I agree to pay a service fee of $30. If any additional fines are incurred, with proof, I will cover those fees as well.
10. I understand that there is a **24-hour Notice of Cancellation** policy strictly enforced. Failure to do so will result in a $20 fee.
11. If I am going to be late for an appointment, I understand that my session may end at the originally scheduled time and I will make full payment for the session as scheduled.
12. I agree to have **good personal hygiene** for each and every session.
13. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Other important items noted:

- For my own safety, I will not arrive under the influence of drugs or alcohol.
- For a more relaxing experience, my pager and cell phone will be turned off.
- The client is responsible for all personal belongings.
- Any and all information provided to esthetician will remain confidential… ***Your Privacy Is My Policy!***
- Finally, this form will be included with your master file. If you would like a copy, just ask. ***Thank you!***

I accept all of the above policies and agreements.

_____ _____

Client Signature **Date**

_____ _____

Esthetician Signature **Date**