



Confidential Client Questionnaire & Health History

Date _____
Name _____ Birthday ____/____/____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Emergency Contact/Relationship _____ Phone _____

How did you hear about Skin|Spa? _____

What is your occupation? _____

Do you have any current medical conditions? YES/NO List: _____

List all medications: _____

Are you pregnant, trying to become pregnant, or breast feeding? YES/NO

Do you have allergies? List: _____

In the past month, have you had cosmetic surgery, injections, chemical peel, laser treatment, electrolysis, waxing, dermaplaning, microneedling, or microdermabrasion? YES/NO Do you wear contact lenses? YES/NO

Do you smoke? YES/NO Permanent cosmetics? YES/NO Family history of skin cancer? YES/NO

Describe your current skin care routine. What do you use, and when do you use it?

Cleanser _____ Serums _____

Exfoliant _____ Moisturizer _____ Sunscreen _____

Other _____

What would you like to achieve from your treatment today? _____

- Post-treatment effects such as tightness, feeling of windburn, or a breakout are normal. But if you experience itching, burning, or a rash, please call or text.
• Report any changes to your skin care routine or medications prior to future treatments.
• Cancellation Policy: Unanticipated events happen occasionally for everyone. Where possible, a 24 hour notice is appreciated. Late arrival may cause the appointment to be shortened to maintain the spa schedule. In the case of sudden illness for you or your child, appointments are happily rescheduled.
• Text Messages: If you send (or reply to) a text message and do not receive a timely reply or confirmation, please assume that the message did not go through and call me. Technology is wonderful when it works, but occasionally Cyberspace has a mind of its own.

Today's treatment(s): _____ INITIAL _____

I agree that this form constitutes full disclosure. 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 Skin|Spa are voluntary, and I release the spa and skin care professional from liability and assume full responsibility thereof.

CLIENT SIGNATURE & DATE

ESTHETICIAN SIGNATURE & DATE