

Date _____

- Existing Client
 New Client

Name: _____ Phone Number: _____ Date of Birth: _____

E-mail: _____ Referred by: _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby consent to have any/all of the following treatments and services performed:

Facial / Dermaplaning / Microdermabrasion / Chemical Peel
 Waxing / Lash & Brow Tint

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, the above services may be contraindicated.

What concerns you most about the overall appearance of your skin? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Dull Complexion | <input type="checkbox"/> Oily Skin |
| <input type="checkbox"/> Acne Scarring | <input type="checkbox"/> Excessive Facial Hair | <input type="checkbox"/> Redness |
| <input type="checkbox"/> Age Spots | <input type="checkbox"/> Facial Veins | <input type="checkbox"/> Rough/Uneven Skin Texture |
| <input type="checkbox"/> Blackheads | <input type="checkbox"/> Fine Lines/Wrinkles | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Body Acne | <input type="checkbox"/> Frequent Breakouts | <input type="checkbox"/> Sagging Skin |
| <input type="checkbox"/> Broken Blood Vessels | <input type="checkbox"/> Large Pores | <input type="checkbox"/> Sun Damage |
| <input type="checkbox"/> Bumps on back of arms | <input type="checkbox"/> Loss of Lashes/Brows | <input type="checkbox"/> Under Eye Puffiness / Dark Circles |
| <input type="checkbox"/> Dehydrated Skin | <input type="checkbox"/> Melasma/Brown Spots/Patches | <input type="checkbox"/> Other: _____ |

Circle how you feel about the overall quality of your skin:
 (Poor) 1 2 3 4 5 6 7 8 9 10 (Excellent)

Do you have any skin conditions, problems or concerns pertaining to your face? Yes No

If Yes, Please explain: _____

What skin care products are you currently using? Cleanser/ Toner/ Moisturizer/ Exfoliator/ Eye Products/Sunless Tanning Products/Serums/Anti-Aging/SPF. Please include any topical prescriptions.

Have you ever had a chemical peel, microdermabrasion, or any other resurfacing treatment? Yes No

If So, When? _____

Do you use Accutane, Retin-A, Renova, Adapalene, Tazorac? _____

Please circle any of the following products you are currently using: Glycolic Acid/ Lactic Acid/ Exfoliating Scrub/ Hydroxy Acid/ Vitamin A Derivatives (i.e. Retinol) , Other: _____

Have you ever had a reaction to any of the following? Cosmetics/ Hydroxy Acids/ Animals/ Fragrance/ Sunscreen/ Latex / Other?
 If so, please explain: _____

Do you have a tendency to redness? _____

Dermaplaning:

Dermaplaning is a physical/mechanical form of exfoliation using a specialized dermaplaning blade for the removal of built up dead skin cells and vellous hair. Following treatment, skin will be smoother, softer and better able to absorb the active ingredients in treatment and home care products. I understand that this treatment involves the use of a sterile, surgical blade to remove dead skin cells and vellous hair. Even though the esthetician will take every measure possible to avoid nicks or cuts, with the use of any sharp instrument, there is the possibility of nicks or cuts. I understand there are contraindications to this treatment, including but not limited to, diabetes (not controlled by diet or medication), cancer, active acne, bleeding disorders, the inability for blood to coagulate or the development of keloids following injury. Certain medications including blood thinners, higher dosages of Aspirin, and Accutane are contraindicated for this treatment due to the possibility of delayed clotting from a nick or cut.

Microdermabrasion:

Microdermabrasion uses a diamond tip and suction that glide over the skin and abrades away epidermis tissue in the areas treated. It is done so precisely that normal surrounding tissue is hardly affected. Microdermabrasion is used to treat acne, scars, wrinkles, blackheads, hyperpigmentation and other groups of skin conditions. After a treatment, the skin may feel tight as if exposed to the sun and wind. Additionally, you may experience streaking of the skin that is slightly pink or red in orientation. Slight redness or pink coloration is normal.

Facials/Chemical Peels:

Exfoliants during facials and superficial chemical peels are applied to the skin to soften the dead skin layer and exfoliate the skin. Stimulating cell turnover will help to restore the skin to a more youthful appearance. Many skin conditions can be improved when receiving a series of peels. Fine lines will be softened, dull skin will appear more radiant, rough or uneven skin will become smoother. Sun damaged skin or blotchy skin will even out. Acne scarring may be softened. Because these peels are superficial there is no downtime. I understand that anytime the skin barrier is compromised, there is a small risk of infection. I will contact my esthetician immediately should this happen. I understand that following the treatment my skin may appear red and feel like it has a slight sunburn. Possible side effects include and are not limited to: slight or extreme redness, swelling, stinging, itchy, tenderness, dry or flaking skin. I UNDERSTAND THAT I AM NOT TO PICK THE FLAKING SKIN AS THIS COULD CAUSE UNWANTED PIGMENTATION OR SCARRING. Most side effects will gradually diminish over time. I am not presently using (nor have I used within the last year) isotretinoin (Accutane), or Retin-A.

Waxing:

Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc.

Lashes/Tinting:

Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application, please be aware of possible risks. Tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter into the eye. If the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required. Some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent. There may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time. While every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted. Over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician immediately. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Signature _____ Date _____