

# SKIN CARE PROFILE

YES/ NO/ MEMBER

Please PRINT LEGIBLY and complete both sides of this form. This information is critical to your treatment, as it may affect the structure and focus of your session. All information disclosed will be kept strictly confidential.

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

- What is your skin type: Dry ☐ Normal ☐ Oily ☐ Combination ☐
- What are your main skin, body or waxing needs/concerns? \_\_\_\_\_
- Have you ever used Retinal, AHA, Retin-A, or Accutane products?: (You must be off Retinol products for at least 2 weeks prior to ANY skin care service. For Accutane must be 6 months.) YES ☐ NO ☐  
If yes which ones? \_\_\_\_\_
- What medications, herbs, or supplements are you taking? \_\_\_\_\_

## Home Skin Regimen: (please check and list)

- Cleanser/Soap ☐ \_\_\_\_\_ Toner ☐ \_\_\_\_\_ Moisturizer ☐ \_\_\_\_\_ Serums ☐ \_\_\_\_\_  
Eye Creams ☐ \_\_\_\_\_ Facials Oils ☐ \_\_\_\_\_ SPF ☐ \_\_\_\_\_ Facial Masks ☐ \_\_\_\_\_  
Chemical Peels ☐ \_\_\_\_\_ Facial Wipes ☐ \_\_\_\_\_
- Have you ever had (circle): Facial Waxing Microdermabrasion Facial Injections (such as Botox)

## General Medical Signs & Symptoms

For your safety, we must be aware of all medical conditions for which you have been diagnosed

- |  | Y     | N     | Details:   |
|--|-------|-------|--|
| 1. Any areas of infection?                     | _____ | _____ | _____  |
| 2. Aroma Sensitivities?                        | _____ | _____ | _____  |
| 3. Do you Exercise regularly?                  | _____ | _____ | _____  |
| 4. Any areas of pain, numbness, or tenderness? | _____ | _____ | _____  |
| 5. Diabetes?                                   | _____ | _____ | _____  |
| 6. Injuries we should be aware of?             | _____ | _____ | _____  |
| 7. Medical conditions or allergies?            | _____ | _____ | _____  |
| 8. Do you drink water daily?                   | _____ | _____ | Pregnant? Nursing?   |
| 9. Skin conditions? (Circle)                   |       |       | Acne Bruises Eczema Warts Hives<br>Sunburn Psoriasis Dermatitis Herpes<br>Rosacea Poison Ivy/Oak/Sumac<br>Abrasions/Cuts Skin Tags |

- Do you prefer blissful quiet during session or do you mind engaging in conversation? \_\_\_\_\_
- Do you prefer Light or Firm pressure for your massage? \_\_\_\_\_

## Chemical Peel Consent

Our Chemical Peel treatments are a clinical treatment designed to exfoliate or remove the outer layers of the skin. Sensitivities vary and results and side effects could include mild stinging, slight swelling, redness or flaking, severe allergic reactions in rare instances. **These are temporary and may last 3-7 days!** With few exceptions, most patients are able to apply makeup the same day. It is not recommended to apply ANY makeup over an open lesion, which can occur, but is rare. These temporary side effects are relieved by avoiding scrubs or active products for a few days, by applying a cold towel over the facial area. No guarantee can be given to the outcome. It is highly recommended that you continue to engage in a series of at least six to eight treatments depending on the recommendations of your skin care professional.

I agree to adhere to all safety precautions and home skin care program as directed by my skin care professional. I also agree that I will inform my skin care professional about any complications or concerns I may have as soon as they occur.

I also verify that I am 18 years of age or have a parental consent. \_\_\_\_\_ Initial Here

## Client Agreement

I understand that the service I receive should not be used as a substitute for medical examination, diagnosis, or treatment. If I experience any pain or discomfort during my session, I will immediately inform the practitioner so the work can be adjusted to my level of comfort.

Because body care can be harmful under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so.

Should I need to cancel future sessions, I agree to give my practitioner 24 hours notice and I am aware that I will be financially responsible for the session time if appropriate notice is not given.

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

**DATE / STAFF NAME / NOTES FROM EACH VISIT**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

The image is a composite of two line drawings. On the right is a realistic line drawing of a woman's face with short hair. On the left is a diagrammatic line drawing of a face, similar in shape to the woman's, but with various areas highlighted and labeled with text. The labels and their associated text are as follows:

- T-ZONE**: poor circulation, puberty, stress, coffee, alcohol
- CHEEKS**: bacteria from cellphone
- CHIN/JAW/NECK**: candida, processed sugar, hormones, starchy foods
- Areas near eyes**: touching the face, smoking, dirty pillows