

Skin Care Client Information and Release Form

Name: _____

Address: _____

City, State, Zip: _____

Cell: _____ Work/Home: _____ DOB: _____

Email: _____ Occupation: _____

Referred by: _____

In case of emergency contact: _____ Phone # _____

Please answer the following questions:

Yes No Have you had professional skin care services previously?
If yes, indicate service and time frame: _____

Yes No Are you being seen by a dermatologist?

Yes No Have you had any facial surgeries or cosmetic procedures?
If yes, indicate service and time frame: _____

Yes No Do you have any tattoos or permanent cosmetics?

Yes No Are you allergic to any skin care products?

Yes No Do you have food allergies?

Yes No Do you have any metal bone implants or pins?

Yes No Have you had sun exposure or used a tanning bed in the last 2 days?

Yes No Are you on antibiotics?

Yes No Have you had an allergic/adverse reaction to any of the following? Please circle all that apply.
Cosmetics Medication Sunscreen Fragrance Latex

Yes No Do you have, or have a prior history of any of the following health conditions?

Hormone Imbalance	Sinus Problems	Headaches	Heart Problems
Seizures	Skin Conditions	Active Infections	TMJ
Cold Sores	Cancer	Asthma	High Blood Pressure
Thyroid Problems	Immune Disorders	Other: _____	

Use this space to explain yes answers above: _____

List the skin care products you currently use: _____

What are your primary concerns with your skin's appearance? _____

I understand that massage should not be performed due to certain medical conditions. I have stated all my known medical conditions, and answered all questions thoroughly. I agree to keep the practitioner updated if my medical conditions change in the future. I further understand that esthetic services are not a substitute for medical examination, diagnosis, or treatment by a physician. If I experience any pain or discomfort during the session, I will inform the practitioner so the treatment can be adjusted to my comfort level.

Signature _____

Date _____