

Date _____

Age: _____

First Name _____

Last Name _____

City _____ State _____ Zip _____

Cell Phone () _____

Email address: _____

Occupation: _____

Referred by: _____

1. Is this your first facial Y ☐ N ☐ or waxing treatment? Y ☐ N ☐
2. What are your areas of concern? _____
3. Which skin care products are you currently using? ☐ Cleanser ☐ Toner ☐ Scrub ☐ Mask ☐ Moisturizer ☐ Sunscreen ☐ Other _____
4. Have you had a **medical grade** chemical peel, laser or dermabrasion within the last 90 days? ☐ Yes ☐ No
5. Have you had any fillers (Botox, Collagen, etc) in the last 14 days? Y ☐ N ☐
6. Have you ever had or do you currently have breast cancer? Y ☐ N ☐

Please check yes or no on each of the following:

- | | | |
|---|---|---|
| y <input type="checkbox"/> n <input type="checkbox"/> Cancers (including skin) | y <input type="checkbox"/> n <input type="checkbox"/> Diabetes | y <input type="checkbox"/> n <input type="checkbox"/> Autoimmune diseases (ie: Lupus) |
| y <input type="checkbox"/> n <input type="checkbox"/> Any Skin Diseases | y <input type="checkbox"/> n <input type="checkbox"/> Hepatitis | y <input type="checkbox"/> n <input type="checkbox"/> Do you have a sunburn |
| y <input type="checkbox"/> n <input type="checkbox"/> Cold Sores/Fever Blisters | y <input type="checkbox"/> n <input type="checkbox"/> High Blood Pressure | y <input type="checkbox"/> n <input type="checkbox"/> Do you use Tanning Beds |
| y <input type="checkbox"/> n <input type="checkbox"/> Eczema | y <input type="checkbox"/> n <input type="checkbox"/> Hysterectomy | y <input type="checkbox"/> n <input type="checkbox"/> Wear Contact Lenses |
| y <input type="checkbox"/> n <input type="checkbox"/> Smoke Cigarettes | y <input type="checkbox"/> n <input type="checkbox"/> Have Permanent Makeup | y <input type="checkbox"/> n <input type="checkbox"/> Thrombosis/Phlebitis |

Are you currently on any of the following medications:

- | | | | |
|---|--|---|---|
| y <input type="checkbox"/> n <input type="checkbox"/> Blood Thinners | y <input type="checkbox"/> n <input type="checkbox"/> Prednisone | y <input type="checkbox"/> n <input type="checkbox"/> Antibiotics | y <input type="checkbox"/> n <input type="checkbox"/> Antidepressants |
| y <input type="checkbox"/> n <input type="checkbox"/> Accutane | y <input type="checkbox"/> n <input type="checkbox"/> Differin | y <input type="checkbox"/> n <input type="checkbox"/> Retin-A | y <input type="checkbox"/> n <input type="checkbox"/> Renova |
| y <input type="checkbox"/> n <input type="checkbox"/> Retinol | y <input type="checkbox"/> n <input type="checkbox"/> Resorcinol | y <input type="checkbox"/> n <input type="checkbox"/> Avage | y <input type="checkbox"/> n <input type="checkbox"/> Tazarac |
| y <input type="checkbox"/> n <input type="checkbox"/> Chemo/Radiation | y <input type="checkbox"/> n <input type="checkbox"/> Benzoyl Peroxide | y <input type="checkbox"/> n <input type="checkbox"/> Birth Control | y <input type="checkbox"/> n <input type="checkbox"/> HRT |
- ☐ Other list any other prescribed medications you are taking: _____

Do you have allergies? If yes, to what?: _____

Business Policies

1. A fee of **\$20.00** will be charged **on all returned checks**. Initial _____
2. A **\$25 fee will be charged for cancellations made less than 24 hours** in advance of the scheduled appointment time. Initial _____
3. The **full amount of scheduled services will be charged** for all “no-show” appointments. Initial _____
4. Appointment reminders are sent as a courtesy. It is the responsibility of the client to keep track of appointment dates and times, and cancel or reschedule in a timely manner. Initial _____

Please note that waxing *may* cause; bruising, scabs, scarring, redness, hyper-pigmentation, ingrown hairs or pimples. In addition, if the client is prone to the Herpes Simplex 1 or 2 viruses on the either the mouth or genital area, waxing in these areas *may* cause an outbreak. ***I confirm that I have read, understood and truthfully answered all of the above.***

Signature: _____

Date: _____