



CLIENT INFORMATION FORM FOR FACIALS

Spa etiquette- *thank you for your cooperation.*

- Cell phone usage is not permitted in the Spa waiting area or treatment rooms.
- Please speak softly while in Spa waiting area or treatment rooms. Be conscious of other clients receiving services.
- Children and babies are not allowed in Spa waiting areas or treatment rooms.

Name: _____ Phone Number: _____

Address, City, State, Zip: _____

Birth Date: _____ Occupation: _____

I think my skin is: Normal ____ Dry ____ Sensitive ____ Oily ____ Combination ____

Have you seen a doctor in the last year for a skin problem or disorder? Yes ____ No ____

If yes, please explain: _____

I have skin allergies: Yes ____ No ____ If yes, please explain: _____

Are you taking any prescription drugs such as Accutane, Renova, or Retin A that have an effect on your skin?

Yes ____ No ____

Have you recently had any of the following treatments? Facial ____ Cosmetic Surgery ____

Microdermabrasion ____ Glycolic or Chemical Exfoliation ____

Are you currently using any of the following?

Retinol ____ Vitamin C Products ____ Alpha Hydroxy or Glycolic Acid ____ Benzoyl Peroxide ____

Are you currently tanning? Yes ____ No ____

Do you use sunscreen regularly? Yes ____ No ____ If yes, what is the SPF? _____

Have you ever had skin cancer? Yes ____ No ____ If yes, where? _____

Do you have any of the following symptoms/conditions today? Skin Rash ____ Cold/Flu ____ Open Cuts ____
Severe Pain ____ Injuries/Bruises ____ Anything Contagious? ____

Please check any of the following that pertain to you recently or in the past 2 years...

Acne ____ Back Pain ____ Acute Injury ____ Blood Clots ____ Warts ____
Athletes Foot ____ Bruise Easily ____ Diabetes ____ Aneurysms ____ Heart Issues ____
Implants ____ Eczema ____ Herpes Simplex ____ Fibromyalgia ____ Psoriasis ____
Hepatitis/HIV ____ Recent Surgery ____ Rosacea ____ Tumors/Cist ____ High Blood Pressure ____
Skin Disease ____ Spinal Problems ____ Seizures ____ Varicose Veins ____ Allergies ____

Please list any other chronic illnesses that are not listed: _____

Are you pregnant? Yes ____ No ____ If you are, is it a normal low risk pregnancy? Yes ____ No ____

Do you wear contact lenses? Yes ____ No ____ Hearing Aids? Yes ____ No ____

Dentures? Yes ____ No ____ Hair Pieces? Yes ____ No ____

If yes, are any of them in use now? Yes ____ No ____

I understand that spa services are for relaxation, stress reduction, increasing circulation, cleansing and retexturizing the skin. If I experience any discomfort during the session, I will immediately inform the technician so treatment can be adjusted according to my comfort. Because my spa technician must be aware of existing conditions, I affirm through my signature that I have stated all my medical conditions and have answered all questions honestly.

I further understand that I must take it upon myself to keep the spa technician updated on any changes in my physical health. I further understand that there will be no liabilities placed on the technician should I fail to do so.

I understand that spa services do not take the place of medical care and that the spa technician does not diagnose illnesses, diseases and does not prescribe medical treatment. All information is confidential and is only used to provide me with the best possible service.

Hydration is essential after all treatments. I understand that I must drink plenty of water after a treatment and throughout the day.

Client Signature _____ Date: _____