



Welcome and thank you for coming today. please answer these few questions so that I can give you the best outcome for your visit.

Name _____ Date _____

Please tell me who referred you or how you learned about my services. _____

Have you had a facial or skin service before? Please explain. _____

**What do you need or look forward to the most during your visit today?
(please circle one or more)**

Skin Rejuvenation

Relaxation

Massage

Learn How to take care of skin

Correct Skin Problems or Annoyances (please explain) _____

Other (please explain) _____

Are you currently, or have you recently taken (please circle)

Antibiotics

Accutane

Topical Retin A

Glycolic Acid

Blood Thinners

Topical/Oral Steroids (prednisone, cortisone)

Allergy Medication

Please give an emergency name/phone number in case you need help while in my care.

Name _____ Phone _____

Have you ever had any allergies or reactions to topical products or medicines?(please list) _____

Do you have any medical conditions?(please explain) _____

Are you pregnant? _____

Do you currently or in the past have (please circle)

A Pacemaker

Heart disease

Metal plates

Epilepsy

Cancer

Skin Cancer

Cancellations and Late Arrivals

Please give 24 hours to cancel your appointment. If you are late to your appointment, I may have to shorten your service.

I understand the above answers to be true and agree to the cancellation and late policies.

Signature _____ Date _____