



## CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Service Provider: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

1. Do you have any health problems or concerns that we need to be aware of before treatment?  
If the answer is yes, please describe. \_\_\_\_\_

2. Are you pregnant? \_\_\_ Yes \_\_\_ No

3. Any recent surgery on your face, neck, and shoulders? \_\_\_ Yes \_\_\_ No

4. Are you currently, or have you taken Accutane with the past 12 months? \_\_\_ Yes \_\_\_ No

5. Are you currently using any topical medications (Retin-A, Renova, Finecea, Differin, etc.)?  
\_\_\_ Yes \_\_\_ No

6. Have you had a chemical peel within the past 6 months? \_\_\_ Yes \_\_\_ No

7. Do you have a pacemaker, metal implants or any pins in bones? \_\_\_ Yes \_\_\_ No

8. Do you currently wear contact lenses? Yes \_\_\_ No \_\_\_

9. Are you currently under a physician's care or have you been diagnosed with any of the  
following health conditions? Diabetes\_\_\_ Seizures\_\_\_ Heart Conditions\_\_\_ Bleeding Disorders\_\_\_  
Skin Disorders\_\_\_ Cancer\_\_\_ Auto Immune Disease\_\_\_ Thyroid Disorders \_\_\_ Melasma\_\_\_

Do you have any other medical conditions in which we should be aware of? \_\_\_ Yes \_\_\_ No

If you checked any of the listed conditions or answered yes to the above question, please explain.

10. Are you allergic to Aspirin? \_\_\_ Yes \_\_\_ No

11. Have you ever had an adverse reaction to a cosmetic product or ingredient? If yes, please  
describe. \_\_\_\_\_

12. Have you ever had an adverse reaction to a skin care treatment? If yes, please explain.

13. What are your skin concerns and challenges?

14. What products are you currently using on your skin?

Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Weekly / Special Treatments \_\_\_\_\_

### **Cancellation Policy**

Please note that we require 24 Hour notice to cancel appointments. This policy is in place to respect both our practitioners and the time reserved for each of our valued clients. If you do not give us at least 24 hours notice to cancel your appointment, we will be required to charge you. For a same day cancel and reschedule, you'll be charged \$35. For no show or same day cancel with no reschedule, you'll be charged full amount for service booked.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date