Skincare Treatments – Client Information and Consent

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

How did you hear about us? _____

Employer _____ Occupation _____

What would you like to achieve from your skin treatment today? _____

Skin Care History

Have you ever had a facial treatment or chemical peel before? _____Yes _____No

Which of the following most closely describes your skin type?

I	Creamy Complexion	Always burns easily, never tans
II	Light Complexion	Always burns, may tan slightly
III	Light / Matte Complexion	Burns moderately, tans gradually
IV	Matte Complexion	Seldom burns, always tans well
V	Brown Complexion	Rarely burns, deep tan
VI	Black Complexion	Never burns, deeply pigmented

Do you have any special skin problems or concerns? _____

Do you use Retin-A, Renova, or Retinol/vitamin A derivative products? _____Yes _____No

Have you used any alpha-hydroxy acid or glycolic acid products in the last 48 hours? _____Yes _____No

Are you currently taking Accutane or have you taken it in the past? _____Yes _____No How long ago? _____

Have you used other acne medication? _____Yes _____No If yes, which one? _____

Are you exposed to the sun on a daily basis or do you use a tanning bed? _____Yes _____No

What skin care products are you currently using? Please list the brand if known:

Cleanser _____ Toner _____

Mask _____ Moisturizer _____

Eye Product _____ SPF _____

Exfoliation / Scrubs _____ Night Cream _____

Treatment / Acne product _____ Makeup Brand _____

Please circle any areas of concern you have regarding your skin:

	Breakouts / Acne	Blackheads / Whiteheads	Excessive Oil / Shine
	Rosacea	Broken Capillaries	Redness / Ruddiness
	Sun spot / Brown spots	Uneven Skin Tone	Sun Damage
	Wrinkles / Fine Lines	Dull / Dry Skin	Flaky Skin
	Dehydrated Skin	Sensitive Skin	
Eyes:	Dark Circles	Puffiness	Fine lines

Please circle if you have ever had an **allergic reaction** to any of the following:

Cosmetics	Medicine	Food
Animals	Sunscreens	Pollen
AHAs	Fragrance	Shellfish
Latex	Collagen	Other: _____

Have you ever had Botox, Restylane, or other injections? _____

Ladies only:

Are you taking hormonal contraceptives? _____ Yes _____ No

Are you pregnant or trying to become pregnant? _____ Yes _____ No Are you nursing? _____ Yes _____ No

Experiencing any menopause problems? _____

Are you undergoing any hormone replacement therapy or cancer treatments? _____

I understand this consent form and have answered each question truthfully. I understand that withholding information from my skin care therapist may result in contraindications or skin irritation from treatments received. The skin care treatments I receive at Belle Waxing and Skincare are voluntary and I release Belle Waxing and Skincare from liability and assume full responsibility thereof.

Signature _____ Date _____