

Facials Release Form



Name: _____ Phone Number: _____

Instagram and FB: _____ Date of Birth: _____

Email: _____

Address: _____

How did you hear about us? _____

If it was a referral, who can we thank? _____

Your Skin Care:

1) Have you ever had a facial before? No _____ If Yes, when? _____

2) Do you have any special skin problems or concerns with your face or body? No _____
If Yes, please specify _____

3) Do you use Retin-A, Renova, AHA, or Retinol derivative products? No _____
If Yes, please specify _____ Used in the last 3 months? No _____
If Yes, how long ago? _____

4) Have you ever had: chemical peels, laser, microdermabrasion? No _____ If Yes, when? _____

5) Have you ever used an acne medicine? No _____ If Yes, when? _____ Which drug? _____

6) What skin care products are you currently using? (List the brand name, where known)
Face Soap/Cleanser: _____ Toner: _____
Day Moisturizer: _____ Night Moisturizer: _____
Exfoliator/Scrub: _____ SPF: _____
Eye Product: _____ Mask: _____
Other: _____

7) What type of skin do you have? Normal Oily Dry Combination

8) What areas of concern do you have regarding your skin? (Please check all that apply)
 Breakouts/Acne Blackheads/Whiteheads Excessive Oil/Shine Sun Damage
 Uneven Skin Tone Wrinkles/Fine Lines Dull/Dry Skin Rosacea
 Broken Capillaries Redness/Ruddiness Sun, Liver, Brown Spots Dehydrated
 Other: _____

9) Do you have allergic reactions to anything? No _____ If Yes, what? _____

Note:

Although the benefits of skin treatment can't be overstated, long-term results are determined by recommended at-home care. Please discuss with us the best practices for the success of your skin!

Please list any additional comments, concerns, notes, or goals you may have:

I understand that if I have any concerns, I will address these with my skin care specialist. I give permission to my skin care specialist to perform the skin care procedures we have discussed and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, conditions, or products I am currently ingesting or using topically. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately.

Client Name (Printed)

Client Name (Signature)

_____ Date: _____