



Facial Treatment Consent Form

Date: _____

Name: _____

D.O.B. _____

Health Related:

Are you pregnant? Yes No Are you nursing? Yes No

Do you have any metal implants? Yes No Where? _____

Do you smoke regularly? Yes No

Do you participate in vigorous aerobic activity or sports? Yes No

How often: X per week _____

Have you ever had: cold sores/herpes/hives/keloids? Yes No

How often: _____ Last breakout: _____ Area of breakout: _____

Do you wear contact lenses? Yes No

**Remove contacts prior to microdermabrasion or if eyes are sensitive.*

Do you wear sunscreen on a regular basis? Yes No

Have you visited a tanning booth within the last week? Yes No

**If so, your service may have to be rescheduled.*

Are you currently taking any antibiotics? Yes No *(may increase sensitivity.)*

Skin Care Related:

Are you currently using products containing Glycolic Acid or AHA?

How long have you been using the product and how has your skin been reacting to it?

Are you currently using Accutance? Yes No How long? _____

Have you ever used Hydroquinone (skin lightener)? Yes No

How long ago? _____

Do you currently use wax, electrolysis or depilatories on your face? Yes No

If so, when was your last treatment? _____



Have you had any of the following:

- Microdermabrasion? Yes No If so, when? _____
- Chemical Peel? Yes No If so, when? _____
- Laser Resurfacing? Yes No If so, when? _____
- Collagen or Botox? Yes No If so, when? _____
- Facial Surgery? Yes No If so, when? _____

Do you have permanent make up? Yes No If so, where? _____

To help us determine a facial regimen suitable for you, describe your skin type:

(Check those that apply)

- Thick Thin Saggy Firm Sensitive Resilient Normal Dry
- Rosacea Eczema Oily Acne Prone to breakouts Acne scarred
- T-Zone/Combination Large pores Small pores Freckled/Sun-damaged
- Unevenness Melasma Psoriasis
- Broken Capillaries Mature/Wrinkled Hypo/Hyper-Pigmentation

Skin Tone:

- Pale / White Light Medium Reddish Freckled
- Olive Lt. Brown Med. Brown Dk. Brown Black

Eye Color:

- Blue Green Hazel Gray
- Lt. Brown Med. Brown Dk. Brown

Hair Color:

- Blonde Red Lt. Brown Med. Brown
- Dk. Brown Black Black Gray / Silver White

Questionnaire:

What improvements would you like to see in your skin? _____

What products do you currently use on your skin? _____

What type of facial treatment did you last have? _____

What did you enjoy most and least about the treatment? _____
