

Advanced Professional Skincare

CONFIDENTIAL SKIN HEALTH QUESTIONNAIRE

PLEASE PRINT			Today's Date	
First Name	Last N	lame	Date c	of Birth//
Street	Apt. #	City	State	Zip
Phone – Home ()	Work ()	Mobile ()	
Dermatologist/physician			Phone ()	
Emergency Contact			Phone ()	
Your occupation			E-Mail	
Referred by 🛛 Friend 🗆 Maile Skin Care Professional Name:			ail 🛛 Gift Certificate	
1. What is the reason for your visit t				
2. What special areas of concern	do you have?_			
EXPECTATIONS and HISTOP	RY			
3. Which conditions would you like	e to improve?			
□Acne sc	arring	🗆 Нур	erpigmentation	
□Acne		🗆 Brok	en capillaries	
□Age spo	ots	□ Stre	tch Marks	
□Enlarge	d Pores	🗆 Surg	gical/facial scars	
□Fine line	s & wrinkles	Oth	er	
4. Have you ever had facial treatm	nent in the pas	tis □ A	es 🗆 No	
5. What was your experience?				
6. How would you describe your sk	in?			
□ Normal □ Dry □ Oily	🗆 Combinatio	n 🗆 Sens	sitive 🛛 🗆 Sun Damaged	
7. How would you rate your skin? (Circle one)			
II Always III Burns r IV Seldor V Rarely	burns, never t burns easily, t noderately – t n burn – Alway burns – Deep burns – Deeply	ans slight ans grad vs tans we tan	ually ell	

8. Do you ever experience	🗆 Flaki	ness?	🗆 Tightness	2
		ness?	Excessive	oily shine during day?
9. What is your present skin regim	en?			
Soap & water only	🗆 Cleanser	🗆 Toner		🗆 Masque
🗆 Moisturizer	Exfoliation	🗆 Sun Blo	ock every da	У
Other			,	, ,
			tic substance	es that may aggravate your skin?
□ Yes □ No				
If yes, what are they?				
11. Do you blush easily? 🗆 Y	′es □No			
If yes, what are the contributing				
		ire chana		ther
13. Have you ever had				
		X	Collagen li	njections 🛛 Laser resurfacing
How recently?			0	- 11
14. Are you under treatment for	-			
If yes, what?				
15. Does your skin heal			? 🗆 Piç	gments?
16. Do you bruise easily?	🗆 Yes	🗆 No		
17. Do you get sores/blisters (He	rpes Zoster/Shing	gles)?	🗆 Yes	
18. What medications/hormone	replacement/v	itamins do	you present	ly take?
19. Have you ever used	□ Accutane®	🗆 Retin-A	A® □ Re	nova®
□ Topical Antibiotics □ Differ	in 🗆 Taza	rac	🗆 Hydroquina	one 🛛 Alpha Hydroxy Acids?
If yes, when and for how long?				
20. Any personal or family history			🗆 No	
Provide detail				
21. How would you describe you	ır overall health	S		
	Good	□ Fair	🗆 Po	oor
22. Have you had any of the foll				
Acne			🗆 No	When
Allergies			🗆 No	
Arthritis or Bursitis	□ Yes		□ No	
Blood Pressure Breast Implant	□ High □ Yes		□ Low □No	🗆 Normal
Cancer				
Cataracts	🗆 Yes		🗆 No	
Cholesterol	🗆 High		Low	🗆 Normal
Claustrophobic Diabetes	YesYes		□ No □ No	
2.3.00.00				

Eczema Yes No Epilepsy Yes No Hay Fever Yes No Headaches Yes No High Yes No HIV/AIDS Yes No Metalimplants Yes No Pace Maker Yes No Phebitis Yes No Serious Injury Yes No Serous Injury Yes No Do you smake? Yes No Do you wear contact lenses? Yes No Do you wear contact lenses? Yes No Do you wear contact lenses? Yes No Do you exp	Diarrhea/constipation		🗆 No	
Hay Fever Yes No Headaches Yes No Headaches Yes No Headbesey/Conditions Yes No Hepatitis Yes No Infections Yes No Infections Yes No Infections Yes No Menopausal Yes No Metal Implants Yes No Pace Maker Yes No Phebitis Yes No Serious Injury Yes No Serious Injury Yes No Serious Injury Yes No Serious Injury Yes No Sleep problems Yes No Do you smake? Yes No Do you wear contact lenses? Yes No Do you wear contact lenses? Yes No Are you pregnant or trying to get pregnant? Yes No Are you pregnant or trying to get pregnant? Yes No Do you experience hormone imbalances? Yes No	Eczema		□ No Where	
Headaches Yes No How offen Head Disease/Conditions Yes No What Hepatifis Yes No HIV/AIDS Yes No Lupus Yes No Menopausal Yes No Metal Implants Yes No Metal Implants Yes No Pace Maker Yes No Phlebitis Yes No Serious Injury Yes No Steep problems Yes No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Oy ou wear contact lenses? Yes No No Are you pregnant or trying to get pregnant? Yes No Are you pregnant or trying to get pregnant? Yes No Do you wexperience hormone imbalances? Yes No Do you experience skin breakouts? Yes No Do you experience skin breakouts? Yes No Do you usprefience skin breakouts? Yes	Epilepsy		🗆 No	
Heart Disease/Conditions Yes No What	Hay Fever	🗆 Yes	□No	
Hepatitis Yes No HIV/AIDS Yes No Infections Yes No Lupus Yes No Menopausal Yes No Metal Implants Yes No Pace Maker Yes No Phebitis Yes No Serious Injury Yes No Steep problems Yes No Thyroid High Low Normal Varicose Veins Yes No Do you moke? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Food Fragrance Airborne particles? Other Explain Food 24. FOR WOMEN: Oral contraceptives? Yes No Are you pregnant or trying to get pregnant? Yes No Do you experience kim breakouts? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you experience kim breakouts? Yes No 25. FOR MEN: Do you share will? Yes No </td <td>Headaches</td> <td></td> <td>□ No How often</td> <td></td>	Headaches		□ No How often	
HIV/AIDS Yes No Infections Yes No Lupus Yes No Metal Implants Yes No Pace Maker Pes No Phlebitis Yes No Serious Injury Yes No Steep problems Yes No Thyroid High Low Nomal Varicose Veins Yes No Do you smoke? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication 748 Are you pregnant or trying to get pregnant? Yes No Are you pregnant or trying to get pregnant? Yes No Are you pregnant or trying to get pregnant? Yes No Are you pregnant or trying to get pregnant? Yes No Are you pregnant or trying to get pregnant? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you onormally sleep well? Yes No 3. Do you normall	Heart Disease/Conditions		🗆 No What	
Infections Yes No Lupus Yes No Menopausal Yes No Metal Implants Yes No Pace Maker Yes No Pace Maker Yes No Phelbitis Yes No Serious Injury Yes No Sleep problems Yes No Thyroid High Low Nomal Varicose Veins Yes No Do you smake? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Food Oy ou wear contact lenses? Yes No No 23. 24. FOR WOMEN: Oral contraceptives? Yes No No 25. FOR MEN: Do you shave with Electric shaver? Razor? No 25. FOR MEN: Do you shave with Electric shaver? Razor? No 26. Do you normally sleep well? Yes No No 27. Do you normally sleep well? Yes No 28. Do you normally sleep well? Yes No	Hepatitis	🗆 Yes	🗆 No	
Lupus Yes No Menopausal Yes No Metal Implants Yes No Pace Maker Yes No Phlebitis Yes No Steep problems Yes No Thyroid High Low Normal Varicose Veins Yes No Do you smoke? Yes No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Fragrance Airborne particles? Other Explain 24. FOR WOMEN: Oral contraceptives? Yes No Are you pregnant or trying to get pregnant? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you have ingrown hair? Yes No 24. FOS Won stress level High Medium Low 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you corperience skin breakouts? Yes No 26. y	HIV/AIDS		🗆 No	
Menopausal Yes No Metal Implants Yes No Pace Maker Yes No Phelbitis Yes No Steep problems Yes No Thyroid High Low Normal Varicose Veins Yes No Do you smoke? Yes No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Fragrance Airborne particles? Other Explain Food Fragrance Airborne particles? Other Explain Food Are you pregnant or trying to get pregnant? Yes No Are you pregnant or trying to get pregnant? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you have ingrown hair? Yes No 2. Do you normally sleep well? Yes No 3. Do you normally sleep well? Yes No 2. Do you normally sle	Infections	🗆 Yes	🗆 No	
Metal Implants Yes No Pace Maker Yes No Phlebitis Yes No Serious Injury Yes No Sleep problems Yes No Thyroid High Low Normal Varicose Veins Yes No Do you smoke? Yes No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Fragrance Airborne particles? Other Explain	Lupus	🗆 Yes	🗆 No	
Pace Maker Yes No Phlebitis Yes No Serious Injury Yes No Sleep problems Yes No Thyroid High Low Normal Varicose Veins Yes No Normal Varicose Veins Yes No Normal Do you smoke? Yes No No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Food Fragrance Airborne particles? Other Explain	Menopausal	🗆 Yes	🗆 No	
Phlebitis Yes No Serious Injury Yes No Sleep problems Yes No Thyroid High Low Normal Varicose Veins Yes No Do you smoke? Yes No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Food 24. FOR WOMEN: Oral contraceptives? Yes No No No 24. FOR WOMEN: Oral contraceptives? Yes No No Are you pregnant or trying to get pregnant? Yes No Are you taking hormone replacement? Yes No Do you experience hormone imbalances? Yes No Do you experience skin breakouts? Yes No Do you pou pregrown hair? Yes No LIFESTYLE & DIET Is your stress level High Medium Low 1. Is your stress level High Medium Low 2. Do you normally sleep well? Yes No 3. Do you regularity exercise? Yes	Metal Implants	🗆 Yes	🗆 No	
Serious Injury Yes No What	Pace Maker		🗆 No	
Sleep problems Yes No Thyroid High Low Normal Varicose Veins Yes No Do you smoke? Yes No 23. Have you ever had a reaction to Cosmetics Medication Food 23. Have you ever had a reaction to Cosmetics Metals Medication Food 24. FOR WOMEN: Oral contraceptives? Yes No No No 24. FOR WOMEN: Oral contraceptives? Yes No No Are you pregnant or trying to get pregnant? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you experience skin breakouts? Yes No 25. FOR MEN: Do you shave with Yes No Do you normally sleep well? Yes No 2. Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No 4. Do you have food intolerances? Yes No 5. Do you follow any special diet? Yes No 4. Do you have food	Phlebitis	🗆 Yes		
Thyroid High Low Normal Varicose Veins Yes No Do you smoke? Yes No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Fragrance Airborne particles? Other Explain 24. FOR WOMEN: Oral contraceptives? Yes No Are you pregnant or trying to get pregnant? Yes No Are you pregnant or trying to get pregnant? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you experience skin breakouts? Yes No Do you have ingrown hair? Yes No 1. Is your stress level High Medium Low 2. Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No 4. Do you have food intolerances? Yes No 4. Do you follow any special diet? Yes No 5. Do you follow any special diet? Yes No	Serious Injury	🗆 Yes	🗆 No What	
Varicose Veins Yes No Do you smoke? Yes No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Food 23. Have you ever had a reaction to Cosmetics Metals Medication Food 23. Have you ever had a reaction to Cosmetics Metals Medication Food 24. FOR WOMEN: Oral contraceptives? Other Explain	Sleep problems	🗆 Yes	🗆 No	
Do you smoke? Yes No Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Food 24. FOR WOMEN: Oral contraceptives? Other Explain	Thyroid	🗆 High		Normal
Do you wear contact lenses? Yes No 23. Have you ever had a reaction to Cosmetics Metals Medication Food Fragrance Airborne particles? Other Explain	Varicose Veins		🗆 No	
 23. Have you ever had a reaction to Cosmetics Metals Medication Food Fragrance Airborne particles? Other Explain 24. FOR WOMEN: Oral contraceptives? Yes No Are you pregnant or trying to get pregnant? Yes No Are you taking hormone replacement? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you experience skin breakouts? Yes No Do you have ingrown hair? Yes No IFESTYLE & DIET Is your stress level High Medium Low Do you regularly exercise? Yes No Ao you normally sleep well? Yes No Do you have food intolerances? Yes No Hoo you have food intolerances? Yes No Hoo you have food intolerances? Yes No Hoo you follow any special diet? Yes No How many glasses of water do you consume daily? 	Do you smoke?	🗆 Yes	🗆 No	
 Fragrance Airborne particles? Other Explain	Do you wear contact lenses?		🗆 No	
 24. FOR WOMEN: Oral contraceptives? Yes No Are you pregnant or trying to get pregnant? Yes No Are you taking hormone replacement? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you experience skin breakouts? Yes No 26. IFESTYLE & DIET 1. Is your stress level High Medium Low Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No Mo What?				
Are you pregnant or trying to get pregnant? Yes No Are you taking hormone replacement? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you experience skin breakouts? Yes No Do you have ingrown hair? Yes No LIFESTYLE & DIET 1. Is your stress level High Medium Low 2. Do you normally sleep well? Yes No 3. Do you have food intolerances? Yes No 4. Do you follow any special diet? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily?	23. Have you ever had a react	ion to 🛛 Cosmetics	🗆 Metals 🛛 🗆	Medication 🗆 Food
Are you taking hormone replacement? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you experience skin breakouts? Yes No Do you have ingrown hair? Yes No LIFESTYLE & DIET 1. Is your stress level High Medium Low 2. Do you normally sleep well? Yes No 3. Do you have food intolerances? Yes No 4. Do you follow any special diet? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily?				
Are you taking hormone replacement? Yes No Do you experience hormone imbalances? Yes No 25. FOR MEN: Do you shave with Electric shaver? Razor? Do you experience skin breakouts? Yes No Do you have ingrown hair? Yes No LIFESTYLE & DIET 1. Is your stress level High Medium Low 2. Do you normally sleep well? Yes No 3. Do you have food intolerances? Yes No 4. Do you follow any special diet? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily?	□ Fragrance □ Airbo	orne particles?	□ Other Explain	
25. FOR MEN: Do you shave with Do you experience skin breakouts? □ Electric shaver? □ Razor? Do you have ingrown hair? □ Yes □ No LIFESTYLE & DIET 1. Is your stress level □ High □ Medium □ Low 2. Do you normally sleep well? □ Yes □ No 3. Do you regularly exercise? □ Yes □ No 4. Do you have food intolerances? □ Yes □ No 5. Do you follow any special diet? □ Yes □ No 6. How many glasses of water do you consume daily?	Fragrance Airbo24. FOR WOMEN: Oral contract	orne particles? eptives?	 Other Explain Yes 	□ No
Do you experience skin breakouts? Yes No Do you have ingrown hair? Yes No LIFESTYLE & DIET 1. Is your stress level High Medium Low 2. Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No 4. Do you have food intolerances? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily?	 Fragrance Airbo 24. FOR WOMEN: Oral contract Are you pregnant or trying 	orne particles? eptives? to get pregnant?	 Other Explain Yes Yes 	□ No □ No
Do you have ingrown hair? Yes No LIFESTYLE & DIET Is your stress level High Medium Low 1. Is your stress level Yes No 2. Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No 4. Do you have food intolerances? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily?	 Fragrance Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone report 	orne particles? eptives? to get pregnant? placement?	 Other Explain Yes Yes Yes 	□ No □ No □ No
LIFESTYLE & DIET 1. Is your stress level High Medium Low 2. Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No 4. Do you have food intolerances? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily?	 Fragrance Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone report to you experience hormon 	orne particles? eptives? to get pregnant? placement? ne imbalances?	 Other Explain Yes Yes Yes Yes Yes 	□ No □ No □ No □ No
1. Is your stress level Image: High Medium Low 2. Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No 4. Do you have food intolerances? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily?	 Fragrance Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon FOR MEN: Do you shave with 	orne particles? eptives? to get pregnant? placement? ne imbalances? th	 Other Explain Yes Yes Yes Yes Electric shaver? 	□ No □ No □ No □ No □ Razor?
1. Is your stress level Image: High Medium Low 2. Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No 4. Do you have food intolerances? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily?	 Fragrance Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon FOR MEN: Do you shave wit Do you experience skin bre 	orne particles? eptives? to get pregnant? placement? ne imbalances? th akouts?	 Other Explain Yes Yes Yes Electric shaver? Yes 	 No No No Razor? No
 2. Do you normally sleep well? Yes No 3. Do you regularly exercise? Yes No 4. Do you have food intolerances? Yes No 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily? 	 Fragrance Airbo 24. FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon 25. FOR MEN: Do you shave wit Do you experience skin bre Do you have ingrown hair? 	orne particles? eptives? to get pregnant? placement? ne imbalances? th akouts?	 Other Explain Yes Yes Yes Electric shaver? Yes 	 No No No Razor? No
 3. Do you regularly exercise? 4. Do you have food intolerances? 5. Do you follow any special diet? 6. How many glasses of water do you consume daily? 	 Fragrance Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon FOR MEN: Do you shave wit Do you experience skin bre Do you have ingrown hairs LIFESTYLE & DIET 	orne particles? eptives? to get pregnant? placement? ne imbalances? th akouts?	 Other Explain Yes Yes Yes Electric shaver? Yes Yes Yes 	 No No No No Razor? No No
 4. Do you have food intolerances? Yes No What? 5. Do you follow any special diet? Yes No 6. How many glasses of water do you consume daily? 	 Fragrance Airbo 24. FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon 25. FOR MEN: Do you shave wit Do you experience skin bre Do you have ingrown hairs LIFESTYLE & DIET 1. Is your stress level 	orne particles? eptives? to get pregnant? placement? he imbalances? th akouts? ?	 Other Explain Yes Yes Yes Electric shaver? Yes Yes Yes Medium 	 No No No No Razor? No No
 Do you follow any special diet? Yes	 Fragrance Airbo Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon FOR MEN: Do you shave wit Do you experience skin bre Do you have ingrown hairs LIFESTYLE & DIET Is your stress level Do you normally sleep well 	orne particles? eptives? to get pregnant? placement? ne imbalances? th eakouts? ? I High ? I Yes	 Other Explain Yes Yes Yes Electric shaver? Yes Yes Yes No 	 No No No No Razor? No No
How many glasses of water do you consume daily?	 Fragrance Airbo Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon FOR MEN: Do you shave wit Do you experience skin bre Do you have ingrown hairs LIFESTYLE & DIET Is your stress level Do you normally sleep well 	orne particles? eptives? to get pregnant? placement? ne imbalances? th eakouts? ? I High ? I Yes	 Other Explain Yes Yes Yes Electric shaver? Yes Yes Yes No No No 	 No No No Razor? No No No
	 Fragrance Airbo 24. FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon 25. FOR MEN: Do you shave with Do you experience skin bre Do you have ingrown hair? LIFESTYLE & DIET 1. Is your stress level 2. Do you normally sleep well 3. Do you regularly exercise? 4. Do you have food intoleration 	orne particles? eptives? to get pregnant? placement? he imbalances? th akouts? ? High ? Ses Yes Nces? Yes	 Other Explain	 No No No Razor? No No No
	 Fragrance Airbo Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon FOR MEN: Do you shave wit Do you experience skin bre Do you have ingrown hairs LIFESTYLE & DIET Is your stress level Do you normally sleep well Do you have food intolerant Do you follow any special of 	orne particles? eptives? to get pregnant? placement? ne imbalances? th takouts? ? High ? S Yes nces? Yes diet? Yes	 Other Explain Yes Yes Yes Electric shaver? Yes Yes Yes No No No No What? No 	 No No No Razor? No No No
\square 1-3 cups \square 4 or more	 Fragrance Airbo Airbo FOR WOMEN: Oral contract Are you pregnant or trying Are you taking hormone rep Do you experience hormon FOR MEN: Do you shave wit Do you experience skin bre Do you have ingrown hairs LIFESTYLE & DIET Is your stress level Do you normally sleep well Do you have food intolerant Do you follow any special of How many glasses of water 	orne particles? eptives? to get pregnant? placement? ne imbalances? th akouts? ? High ? Ses nces? Yes nces? Yes diet? Yes diet? Yes	 Other Explain	□ No □ No □ No □ Razor? □ No □ No

8. In our treatment program, it may be necessary to recommend alterations to or additions in your home care regimen; would that be OK with you?

Your practitioner will recommend the appropriate schedule for future facial treatments or physician referral in order to achieve your skin improvement goals.

INFORMED CONSENT RELEASE

I ______, do fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care. I understand that the skin care professional will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if deemed necessary. I also am aware that individual results are dependent upon my age, skin condition, and lifestyle. I agree to actively participate in following appointment schedules and home care procedures to the best of my ability, so that I may obtain maximum effectiveness. In the event that I may have additional questions or concerns regarding my treatment or suggested home product routine, I will inform my skin care professional immediately.

I release and hold harmless the skin care professional [insert your name], [insert business name], and the staff harmless from any liability for adverse reactions that may result from this treatment.

POLICIES

1. We require 48-hours notice for cancellations. Cancellation for Monday must be phoned in on the Friday before.

2. If you are not satisfied with your service or products, please contact your skin care professional within 24hours after your appointment so that the situation may be corrected. It is our policy to provide you with the best professional service and products customized for your skin condition.

I have read and understood all of the foregoing information _____ Date _____ Date _____