



Spa Consent & Release Form

Name _____
First Last MI

Address _____
Street City State Zip

Telephone _____
Home Work Cell

DOB ____ / ____ / ____ How did you hear about us: _____

In case of an emergency, notify _____
Name & Relationship Telephone #

Email address* _____ @ _____ *For spa monthly specials only

Patient Responsibility

If you are unable to keep your scheduled appointment, we require a 24 hour cancellation notice or a \$25 late cancellation/no show fee will be charged to your account. Please note too that all gift certificates and pre-paid services expire in one year from the date of purchase. Any unused credit balances after one year will be lost. By signing below, you acknowledge reading and agreeing to the above terms.

Signature of Client (or responsible party, if client is a minor) _____ Date ____ / ____ / ____

Skin Evaluation

In the last year, have you been under a physician or dermatologists care? Y N
If yes, please explain _____

Have you had any health problems in the past or present? Y N
If yes, please explain _____

List all medications, vitamins or supplements you are currently taking:

What topical medications do you presently use or have used? _____

Are you currently or have you taken Accutane? Y N If yes, when: _____

What skin care products are you currently using: _____

Do you have any skin care problems pertaining to your face and body? Y N
If yes, please explain _____

Do you have any known allergies to anything (i.e., food, medication, topical sensitivity)?

Y N If yes, please explain _____

Have you ever had a chemical peel, laser resurfacing, dermabrasion or facial surgery?

Y N If yes, please explain _____

Does your skin appear fragile or have any problems healing from a cut or burn? Y N

Which best describes your skin type: (please circle)

- A. Always burns, never tans (extremely fair skin, blonde hair, blue/green eyes) **FITZ I**
- B. Usually burns, sometimes tans (fair skin, sandy to brown hair, green/brown eyes) **FITZ II**
- C. Sometimes burns, often tans (medium skin, brown hair, dark brown eyes) **FITZ III**
- D. Rarely burns, always tans (olive skin, brown/black hair, dark brown/black eyes) **FITZ IV**
- E. Never burns (dark brown skin, black hair, black eyes) **FITZ V**
- F. Never burns (black skin, black hair, black eyes) **FITZ VI**

What is your Nationality/Heritage? _____

Do you keloid (raised scarring)? Y N

Do you have a tendency to redden or blush easily? Y N

Do you ever experience an oily shine during the day? Frequently Occasionally Rarely

Does your skin ever flake or feel tight and dry? Frequently Occasionally Rarely

Are you concerned with any of the following? Deep wrinkles Crows feet Fine lines

Have you been treated with: Botox Collagen If yes, date of last treatment: _____

Do you smoke? Y N Do you wear contact lenses? Y N

Do you exercise regularly? Y N Do you follow a restricted diet? Y N

Do you have metal implants, a pacemaker or body piercings? Y N

Have you ever had a cold sore? Y N

How much water do you consume daily? _____

How many alcoholic beverages do you consume weekly? _____

Do you drink more than four caffeinated beverages daily? Y N

Please rate your level of stress on a scale of 1 to 4 (1= low stress, 4= high stress): _____

What SPF sunscreen do you currently use? _____

Do you sunbathe or use tanning beds? Y N If yes, how often: _____

Have you or any member of your family had skin cancer? Y N

Are you pregnant or trying to become pregnant? Y N

How would you like to improve your skin? _____

Patient Signature