## 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 s	kin treatment t	oday?		

## Skin Care History

Have you	ever had	a facial treatment or chemica	l peel before? Yes No		
Which of the following most closely describes your skin type?					
	1	Creamy Complexion	Always burns easily, never tans		
	11	Light Complexion	Always burns, may tan slightly		
	111	Light / Matte Complexion	Burns moderately, tans gradually		
	IV	Matte Complexion	Seldom burns, always tans well		
	ν	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?YesNo					
Are you currently taking Accutane or have you taken it in the past?YesNo 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 Prod	uct	SPF		
	Exfoliatio	on / Scrubs	Night Cream		
	Treatmer	nt / 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 <b>allergic reaction</b> 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?						

1 understand this consent form and have answered each question truthfully. 1 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.