

# FACIALS



**NAME:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
CITY STATE ZIP

**EMAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

(IF REFERRED BY ANOTHER CLIENT, PLEASE PROVIDE THEIR FIRST AND LAST NAME)

**DO WE HAVE PERMISSION TO USE ANY PHOTOS OR VIDEOS TAKEN FOR MARKETING PURPOSES?**  Yes  No

## MEDICAL INTAKE

WHAT CONCERNS YOU MOST ABOUT THE OVERALL APPEARANCE OF YOUR SKIN (CHECK ALL THAT APPLY)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Acne                 | <input type="checkbox"/> Acne Scarring        | <input type="checkbox"/> Age Spots             | <input type="checkbox"/> Blackheads            |
| <input type="checkbox"/> Body Acne            | <input type="checkbox"/> Broken Blood Vessels | <input type="checkbox"/> Bumps on back of arms | <input type="checkbox"/> Cellulite             |
| <input type="checkbox"/> Cysts/Nodules        | <input type="checkbox"/> Dehydrated Skin      | <input type="checkbox"/> Dull Complexion       | <input type="checkbox"/> Excessive Facial hair |
| <input type="checkbox"/> Facial Veins         | <input type="checkbox"/> Fine Lines/Wrinkles  | <input type="checkbox"/> Frequent Breakouts    | <input type="checkbox"/> Large Pores           |
| <input type="checkbox"/> Melasma/Brown Spots  | <input type="checkbox"/> Oily Skin            | <input type="checkbox"/> Redness               | <input type="checkbox"/> Rosacea               |
| <input type="checkbox"/> Rough/Uneven Texture | <input type="checkbox"/> Sagging Skin         | <input type="checkbox"/> Sun Damage            | <input type="checkbox"/> Under Eyes            |
| <input type="checkbox"/> Other: _____         |   |  |  |

HOW WOULD YOU DESCRIBE YOUR SKIN?  Oily  Dry  
 Combination  Sensitive

HOW WOULD YOU DESCRIBE YOUR STRESS LEVEL?  Little  Moderate  
 High  Severe

DO YOU FEEL YOUR STRESS LEVEL MAY BE AFFECTING THE HEALTH OF YOUR SKIN?  Yes  No

ARE YOU IN GOOD HEALTH OVERALL?  Yes  No

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN?  Yes  No  
 If yes, please explain: \_\_\_\_\_

PLEASE LIST ANY ALLERGIES INCLUDING FOODS, MEDICATIONS, LATEX, ETC.:

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING INCLUDING TOPICAL AND ORAL:

HOW DO YOU HEAL AFTER AN ACNE BREAKOUT?  No Scar  Red  Brown

ARE YOU PRONE TO COLD SORES?  Yes  No

PLEASE INDICATE THE SKINCARE PRODUCTS YOU ARE CURRENTLY USING:

- |                                   |                                    |                                      |                                     |
|-----------------------------------|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cleanser | <input type="checkbox"/> Toner     | <input type="checkbox"/> Serum       | <input type="checkbox"/> Scrub      |
| <input type="checkbox"/> Mask     | <input type="checkbox"/> Eye Cream | <input type="checkbox"/> Moisturizer | <input type="checkbox"/> SPF: _____ |

ANY OTHER MEDICAL HISTORY OR CONDITIONS THAT WE SHOULD KNOW:

\_\_\_\_\_  
 \_\_\_\_\_

# FACIALS



## CLIENT CONSENT

PLEASE READ THE FOLLOWING:

I recognize there are no guaranteed results and that results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further facials to obtain the expected results at an additional cost. After the facial, in rare cases, the skin will be pink and flushed in appearance. I may also experience skin tightness and mild sensitivity to touch or sweating in the facial area.

I understand that results vary between individuals. I understand that although I may see a change after my first facial, I may require a series to obtain my desired outcome. I understand that a facial is a cosmetic treatment, not a medical procedure.

The facials and any potential contraindications or side effects have been explained to me to my complete satisfaction.

I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the success, or any other result of the facial, and I hold Remedi Elite Day Spa LLC and my skin care professional harmless for any undesired effect.

I state that I have read and understand this consent and I understand the information contained in it. I have had the opportunity to ask any questions about the facials including risks or alternatives and acknowledge that all my questions about the facials have been answered in a satisfactory manner.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT FORM, AND THAT THE INFORMATION I PROVIDED ABOVE ARE COMPLETE, ACCURATE, AND UP TO DATE TO MY KNOWLEDGE.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## POLICIES AND PROCEDURES

IN ORDER TO ASSURE THE BEST CARE TO OUR CLIENTS AND STAFF, PLEASE BE AWARE OF THE POLICIES AND PROCEDURES LISTED BELOW:

**ARRIVAL:** We request that you arrive approximately 15-30 minutes prior to your scheduled Facial. Late arrivals will render the remainder of their scheduled service(s).

**SCHEDULING APPOINTMENTS:** To hold your appointment, a credit card is required at the time of scheduling. Additionally, payment is required when scheduling online.

**CANCELLATION POLICY:** You will be emailed, called and/or texted to confirm 1-2 days prior to your appointment. As a courtesy to our clients and staff, it is company policy for all clients to give a 24 hours' notice of cancellation. Failure to do so will result in a 50% charge of your scheduled treatment(s). Clients who miss their appointments without giving any prior notification will be charged in full for their missed treatment(s).

**GRATUITY:** Gratuities may be paid in cash or charged to your credit card upon request. The amount you leave is at your discretion however, 15-20% is customary.

**REFUNDS:** Services are final sale. Gift cards & laser packages are non-refundable but may be transferable. All jewelry is final sale. skin care and body care products are returnable within two weeks of purchase with a receipt.

BY SIGNING BELOW, I AGREE TO THE TERMS OF THESE POLICIES AND PROCEDURES.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_