Skin Care and Day Spa

Today's Date______________________________

Microdermabrasion / Skin Peel Consultation Form

Name ____ DOB ____________________________

Address ____

City ___________________________________ State ______________ Zip _______________________________

Home # ___________________ Business # ___________________ Cell Phone # ____________________________

Family Physician ______________________________ Dermatologist ______________________________________

Reason for Last Doctor's Visit ____ Date ___________________

Medical History

Check the Box Where Applicable / Fill In With Details

1. Have you had a history of herpes? ( ) Yes ( ) No
2. Have you recently had surgery? ( ) Yes ( ) No
3. Do you have any of the following conditions?

   ( ) Diabetes ( ) High Blood Pressure ( ) Heart Condition under Medical Treatment

   ( ) Skin Disease ( ) Cancerous Lesions
4. Have you recently had Laser Skin Resurfacing? ( ) Yes ( ) No
5. Have you ever had a deep skin peeling? ( )Yes ( ) No
6. Have you had a recent Collagen injection/ botox injection/ implant? ( ) Yes ( ) No
7. What topical medication have you used in the last six months? ( ) Retin-A ( ) Ronova ( ) Antibiotics

   ( ) Other ____
8. What oral medications do you currently use? ( ) Accutane ( ) Tranquilizers ( ) Antibiotics

   ( ) Antidepressants ( ) Hormones or Birth Control ( ) Other ______________________________________
9. Do you easily form thick or raised scars from a cut or burn? ( ) Yes ( ) No
10. Do you easily have hyperpigmentation or marks after physical trauma? ( ) Yes ( ) No

Continues on the Back

11. Are you Pregnant? ( ) Yes ( ) No

12. Are you breast-feeding? ( ) Yes ( ) No

13. Do you have any other acute health problems? ( ) Yes ( )No

14. Have you ever had skin allergies? ( ) Yes ( ) No If yes, related to: ( ) Food ( ) Cosmetics

( ) Aspirin ( ) Metal ( ) Rubber ( ) Alcohol ( ) Other ______________________________

15. Are you wearing contact lenses? ( ) Yes ( ) No

Consent, Release, and Policies

I, ________________________________ certify that the above statements are true and correct, and that I have been advised and fully informed by my esthetician at Sunday's Day Spa and Wellness Center concerning the nature of the treatment administered by them, hereby authorizing them to perform such procedures. I am aware that it is my responsibility to inform the esthetician of my current medical or health concerns like herpes, diabetes, pregnancy, high blood pressure, skin disorders, cancerous lesions, which are ESSENTIAL for the esthetician to execute appropriate treatment procedures regarding various constraints.

My signature constitutes my acknowledgement that:

1. I understand and fully agree to the foregoing consent,
2. That proposed treatment process has been satisfactory explained to me,
3. I hereby give my consent and authorization voluntarily and release this establishment and its agents of any claims that I have or may have in the future in connection with the treatment.

I understand and agree to comply with all the salon and spa policies listed below:

1. We do not wax anyone on Accutane, Retin-A, or other medications/products that exfoliate or thin the skin. We do not wax anyone undergoing chemotherapy or radiation treatments.
2. We will not treat clients with questionable medical conditions such as Herpes Simplex (cold sores, fever blisters), open wounds or sores, healing incisions, infectious diseases, etc. We do not massage clients undergoing cancer, diabetes, or systemic treatments or any other specific contra-indications for the body.
3. We **require a minimum of 24 hours advance cancellation** notice. Any client giving less will be charged up to 100% of the service price.
4. I understand that services received here are not a substitute for MEDICAL CARE and any information provided by the technician is for educational purposes only.
5. All information received by the client on this chart, is completely private and confidential.
6. We do not give cash refunds.
7. Defective products must be returned within ten (10) days of purchase to receive credit.
8. Gift Certificates are non-refundable and must be **used within a year** to avoid monthly inactivity fees.
9. ***ALL SALES ARE FINAL***

______________________________ ______________________________

NAME DATE