



Thank you for taking a moment to complete this form so we may serve you better. All information is kept confidential.

Name _____ Email _____ Phone No. () _____

Address _____ City _____ Zip _____

Date of Birth _____ Sandal/Shoe Size _____

**Minors AND their guardian will be required to complete a parental release prior to receiving service.*

Who may we thank for referring you? _____

ALLERGIES

- Sun Reactions Medications Foods Latex or Nitrile Hydrocortisone Lidocaine
 Aspirin Other / Not Listed

Any other allergies / sensitivities we need to be aware of:

MEDICAL HISTORY

- Pregnant Nursing Cancer (any kind) Autoimmune Disorder Diabetic
 High/Low Blood Pressure Arthritis Back Injury/Pain Headaches/Migraines

Are you taking any medications currently? Yes No

If yes, for what? _____

Any other surgeries, injuries, communicable diseases or other medical conditions we may need to be aware of:

SKIN CONDITIONS

- Acne Melasma Vitiligo Keloid Scarring
Accutane (within last year) Yes No Retinols (within last month) Yes. No

I'm concerned about facial or body hair and would like information on how to get rid of it

I'm concerned about broken capillaries on my face

I'm concerned about the fine lines around my eyes / mouth

I'm concerned about stretch marks or scars

I'm concerned about pigmentation or age spots

If you experience any discomfort during your treatment, ask your service provider to stop or modify the treatment immediately.

I agree to assume all risk of injury or damage that I might suffer from any product or service received at this establishment for any and all services from this day forward. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the service.

My signature below confirms I have answered all questions to the best of my ability and consent to the release of liability.

Guest Printed Name: _____ Date: _____

Guest Signature: _____