Client Facial and Wax Consent Form

Facial Aesthetics, LLC
108 Church Street SE, Suite B, Leesburg, VA 20175-3003

Name	**Cell Phone**	**Date of Birth**
Address		
City	**State**	**Zip**
Male / Female	**Email**	
Emergency Contact	**Emergency Phone**	**Relationship**

Please take a moment to carefully read the following information and sign where indicated. Please indicate if you have a specific medical condition or specific symptoms. *Circle Yes or No as applicable. If you answer "yes" to any of the questions, please explain as clearly as possible.*

Health

Yes/No Within the last year have you been under a dermatologists or other physician's care?
Yes/No Within the last nine months, have you undergone any surgery?
Yes/No Do you smoke?
Yes/No Do you exercise regularly?
Yes/No Do you follow a restricted diet?
Yes/No Do you wear contact lenses?
Yes/No Do you have metal implants, a pacemaker or body piercing?

Your Skin

Yes/No Do you have any special skin problems pertaining to your face or body? _____
What skin care products are you currently using?
Face: Soap/ Cleanser/ Toner/ Moisturizer/ Mask/ Exfoliator/ Eye Products **Body**: Soap/ Scrub/ Oil/ Body Moisturizer/ Depilatories/ Self Tanner

Exfoliation History

Yes/No Have you ever had a chemical peel, microdermabrasion, or any other resurfacing treatment? When? _____
Yes/No Do you use Accutane, Retin A, Renova, Adapalene, Tazorac? In the last 3 months?
Yes/No Are you currently using any products that contain the following ingredients?
Glycolic Acid/ Lactic Acid/ Exfoliating Scrub/ Hydroxy Acid/ Vitamin A Derivatives (i.e. Retinol)

Moisture Hydration

How much plain water do you consume daily? _____
How many alcoholic beverages do you consume? _____
Do you experience these conditions on your skin?
Flakiness/ Tightness/ Dryness
What SPF sunscreen do you use on your face? _____ Body? _____

Capillary Activity

Yes/No Do you burn easily in moderate sunlight?
Yes/No Do you blush easily when nervous?
Yes/No Do you have a tendency to redness?
Yes/No Do you suffer from sinus problems?

Oil Secretion

Yes/No/Occasionally Do you ever experience oily shine during the day?
Yes/No/Occasionally Do you ever experience breakouts?

Nerve Activity

Light/Medium/High What is your pain threshold?
Yes/No Have you ever experienced claustrophobia?
Have you ever had a reaction to any of the following?
Cosmetics/ Medicine/ Iodine/ Pollen/ Food/ Hydroxy Acids/ Animals/ Fragrance/ Sunscreen/ Latex
Other? _____

What are your skin care goals?
_____

I understand that the facial I receive is provided for the basic purpose of relaxation and cleansing. If I experience any pain or discomfort during this session I will immediately inform the practitioner so that the pressure and/ or products may be adjusted to my level of comfort. I further understand that facials should not be construed as a substitute for a medical examination, diagnosis or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that facial practitioners are not qualified to diagnose, prescribe or treat any physical or mental illness and that nothing said in the course of a session given should be construed as such. Because a facial should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's and **Facial Aesthetics** should I fail to do so. 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 scheduled appointment.

Client Signature: _____ **Date:** _____

Practitioner Signature: _____ **Date:** _____

Consent to treatment of a minor: I hereby authorize **Facial Aesthetics** to administer facial techniques to my child as they deem necessary.

Signature of Parent or Guardian: _____ **Date:** _____