

Time 2 Relax

SKINCARE CLIENT CONSULTATION SHEET

Date of Service: _____
 First Name: _____ Last Name: _____ Date of Birth: _____
 Address: _____ City, State: _____
 Phone: () _____ Cell: () _____
 Emergency Contact: _____ Phone: () _____
 Occupation: _____
 Referred By: Friend ___ Mailer ___ Walk By ___ On-line ___ Other ___ Referral _____
 Email address: _____ Can we add you to our email list for specials? _____

Is this your first facial? Yes ___ No ___
 What is the reason for your visit today? _____
 What specific areas of concern do you have? _____

Are you presently under a physician or dermatologist's care for any current skin condition or other problem?
 Yes ___ No ___

Are you pregnant? Yes ___ No ___

Hormone replacement? Yes ___ No ___

Do you wear contact lenses? Yes ___ No ___

Do you smoke? Yes ___ No ___

What is your daily water intake? ___ Glasses per day

Do you often experience stress? Yes ___ No ___

Have you had skin cancer? Yes ___ No ___

Are you currently exposed to chemotherapy or any type of radiation? Yes ___ No ___

Do you have Herpes Simplex (cold sore virus)? Yes ___ No ___

Are you using, or have used in the past:

Differin ___ Renova ___ Retin-A ___ AHA or BHA ___ Restalyn ___ Accutane ___

Have you had any type of Fillers / Botox? Yes ___ No ___ If Yes, date of last treatment: _____

Are you presently taking any oral or topical medication? Yes ___ No ___

Please list all medications: _____

What products are you currently using: Soap ___ Cleansing Cream ___ Toner ___ Scrub ___
 Mask ___ Moisturizer ___ Sunscreen ___ Other: _____

Have you had surgery in the last 6 months? Yes ___ No ___

If Yes, what type of surgery and date of surgery: _____

Do you have any allergies specific to the following? Please circle all that apply:

Nuts ___ Plants ___ Berries ___ Natural Extracts ___ Pumpkin ___ Pomegranate ___ Jojoba Oil ___ Coconut ___

Any other allergies? (For example: cosmetics, food, drugs, latex, etc) Yes ___ No ___

If Yes, please list all allergies: _____

Did you recently shave or wax the skin on your face? Yes ___ No ___

Do you have any metals or metal objects in your body? (pacemaker, body piercings, metal plates, tooth fillings)

Yes ___ No ___ If so, explain: _____

THE
Time 2 Relax

PLEASE CIRCLE ALL MEDICAL CONDITIONS WHICH APPLY:

Eczema	Emphysema	Chest Pains	Psoriasis
Irregular Heartbeat	Fainting / Dizziness	Varicose / Spider Veins	Thyroid Diseases
Metal Bones/Pins/Plates	Fever Blisters	Chronic Cough	Shortness of Breath
Blood Clots	Hepatitis	Pace Maker	Asthma / Bronchitis
Headaches / Migraines	Claustrophobia	Epilepsy	Cardiac Problems
Fibromyalgia	Arthritis	High Blood Pressure	Immune Disorders
Diabetes	Sinus Problems	Gastronologic	

I, _____, hereby request and consent to treatment from The time 2 Relax and its practitioners. I understand my facial treatment is designed to be a health aid and in no way take the place of a doctor's care. If I experience any pain or discomfort during any session/treatment, I will immediately inform the practitioner so that the treatment may be adjusted. Information exchanged during the treatment session is educational in nature and intended to help me become familiar and conscious of my own health status and is to be used at my own discretion. Because facial services 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 Time 2 Relax LLC/practitioner updated as to any changes in my medical profile and understand there shall be no liability on The time 2 Relax LLC/practitioner's part should I forget to do so. IT IS UNDERSTOOD THAT ANY ILLICIT OR SEXUAL 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 IN FULL. Our time together is precious and unless there is an emergency, I agree to cancel 24 hours in advance. If I fail to give ample notice or I miss an appointment, I agree to pay the cancellation fee, unless the time slot can be subsequently filled.

Client Signature

Date