



# Aesthetics Profile Card

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

How did you find us? Referral? Yes \_\_\_\_\_ Whom? \_\_\_\_\_

Website? Ad? Angies List? Social Media? Other? \_\_\_\_\_

Would you like to be on our newsletter list to receive specials? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your email address: \_\_\_\_\_

## MEDICAL:

Are you currently or within the last year under any Doctors care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you have any allergies? Please list \_\_\_\_\_

Have you ever had an allergic reaction to any skin care product or treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please list medication, vitamins, street drugs. List all and why \_\_\_\_\_

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes how long and how much \_\_\_\_\_

Have you undergone surgery recently? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain \_\_\_\_\_

Do you have any medical conditions that might interfere or be a contraindication for having this treatment,

such as; contagious diseases, skin rash, high/low blood pressure, cardiac or circulatory problems, metal implants, pregnancy, cancer (specifically skin cancer or basal cell treatment, any medical condition I should be aware of? Please explain below:

---

---

---

Do you exercise regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

How much time do you spend in the sun on average? \_\_\_\_\_ Do you use sunscreen?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do you reapply the sunscreen as recommend by product? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you get your skin checked regularly for abnormalities or skin cancer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have sinus issues? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wear contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you get or currently have a headache? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any of the following within the last 6 months?

Laser Treatent \_\_\_\_\_ Augmentation/implant \_\_\_\_\_ Botox \_\_\_\_\_ Dermabrasion \_\_\_\_\_

Microdermabrasion \_\_\_\_\_ Peel \_\_\_\_\_ Resurfacing \_\_\_\_\_ Waxing \_\_\_\_\_ Tanning \_\_\_\_\_ Fillers \_\_\_\_\_

Please take the time to read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, that this treatment may be contraindicated please let me know before treatment, and consult your Physician. A referral from your primary care provider may be required prior to service being provided.

"I understand that this facial treatment may include massage to the face, neck and décolletage, hands, arms, and feet. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the service can be adjusted or discontinued. I understand that this service should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of having. I understand that the aesthetician makes neither claims nor allegations to take the

place of medical personal, nor diagnose, prescribe, or treat any medical conditions. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to the practitioner updated as to any changes in my medical profile and I understand that there shall be no liability on the practitioner's part should I with hold or forget to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will not be tolerated and will result in immediate termination of the session, and I will be liable for the full payment of the scheduled appointment.”

Client Signature\_\_\_\_\_

Date\_\_\_\_\_

**CANCELATION POLICY:**

We require a 24 hour notice for any cancellation. There is a 50% cancellation or no show fee with less than 24 hour notice. If you are 15 minutes or more late for your appointment, your service will be cut short by the amount of time you were late. If you are ill please cancel as soon as possible.

