



Skinhydra

Facial form

All of your information will be secured by the business owner. we do charge 50% of your service if you don't show up, otherwise your credit card is for securing your appointment.

Name:	Family name:	Date:
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Address:	Post code:
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Email address:	Age:
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Emergency Contacts Name:	Relationship:	Cellphone:
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Card Holder: Visa <input type="checkbox"/>	Card number: Debit <input type="checkbox"/>	CVV: Credit Card <input type="checkbox"/>
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1. Is your first time facial ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. What is your primary skin concern?		
Breakout <input type="checkbox"/>	Brightening <input type="checkbox"/>	
Sensitivity <input type="checkbox"/>	Rejuvenation <input type="checkbox"/>	

3. Are you under dermatologist medication ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answer is Yes, how long: what medications:		

4. Are you presently using the following:			
Retin A <input type="checkbox"/>	vitamin C <input type="checkbox"/>	Glycolic Acid <input type="checkbox"/>	skin peel <input type="checkbox"/>

5. Have you ever had an allergy or skin reaction to any skin care Product, cosmetic, latex, food or aspirin?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please list:	

6. Do you have any health conditions ? past or present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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7. Do you use Sunscreen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	SPF:
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8. Do you use any skin care?	Cleanser <input type="checkbox"/>	exfoliation or scrub <input type="checkbox"/>	Serum <input type="checkbox"/>
Day cream <input type="checkbox"/>	Mask <input type="checkbox"/>	Toner <input type="checkbox"/>	Night Cream <input type="checkbox"/>

9. list all supplement you are currently taking:
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10. How much water do you drink a day?
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11. Are you pregnant?	Yes <input type="checkbox"/>	How far along:	No <input type="checkbox"/>
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12. Do you get claustrophobic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Do you smoke ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Do you exercise ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do you wear Contact ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Have you ever had any of the following ?		
Cosmetic Surgery <input type="checkbox"/>	How long ago:	
Filler <input type="checkbox"/>	How long ago:	
Botox <input type="checkbox"/>	How long ago:	
Electrolysis <input type="checkbox"/>	How long ago:	
Laser <input type="checkbox"/>	How long ago:	
wax <input type="checkbox"/>	How long ago:	
<p>I understand that the skin care program must be used in accordance with the instructions and descriptions given to me by the service provider. I could experience varying degrees of redness, burning, peeling, itching, etc., especially in the initial stages of the program. These systems are normal and will eventually subside as my skin builds tolerance. I understand that it is necessary to maintain the use of the skin care program over the long term in order to retain the benefits obtained in the early weeks of the program. Because facials should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions or answered all questions asked of me honestly. I agree to keep the esthetician updated as to any changes in my medical profile and understand that there shall be no liability on the esthetician's part should I fail to do so. I further understand that I am paying for a treatment and not a result and that there will be no returns, refunds or exchanges for the product given. Further, I understand Skinhydra reserves the right to refuse to administer services at their sole discretion. I have read and fully understand this form in its entirety. If at any time there are changes in the information given, or in my condition, I will notify my esthetician and update this form before receiving additional facials.</p>		
I hereby State that the information I have provide is accurate and true.		
Client Signature:	Date:	skin therapist Signature: