



HEALTH SPA

Skin Care Consent Form

720 North 30th Street ~ Billings, MT 59101 ~ Phone (406) 294-7778 ~ Fax (406) 545-0044

Name _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Ethnicity _____

MEDICATIONS

Medication	When	How Long	Medication	When	How Long
Antibiotics			Androstendione		
Accutane			Testosterone		
Benzoyl Peroxide			Progesterone		
Retin A			Thyroid		
Cream or Gel?			Gonadotrophin		
Tazorac			Danzol		
Differin			Cyclosporin		
Azelex			Lithium		
Avita			Isoniazid		
Cleocin-T			Immuran		
E-mycin-T			Disulfuram		
Copaxone			Dilantin/Tegretol		
Corticosteroids			Steroids		
Quinine			Marijuana		
Other Meds			Cocaine/Speed		

MEDICAL HISTORY – please check all that apply ✓

Herpes Simplex		HIV/AIDS		Hemophilia	
Eczema		Thyroid Problems		Lupus	
Psoriasis		Hormone Problems		Anemia	
Hepatitis		Hysterectomy		High Blood Pressure	
Cancer		Ovary(ies) Removed		Diabetes	
Staph Infection/MRSA		Pacemaker		Metal Pins in Body	

Your primary care physician: Name: _____ Phone: _____

Are you under a dermatologist's or other skin physician's care ? Yes No

If yes, doctor's name: _____

LIFESTYLE CONSIDERATIONS

1. Have you ever had any reaction to any products or anything you have put on your face? Yes No

If yes, what products? _____

2. Please check any of these you are allergic to: Sulfur Aspirin Latex

List any other allergies you know of: _____

3. Do you smoke? Yes No

4. Do you use fabric softener or fabric softener sheets in the dryer? Yes No

5. Do you swim in a chlorinated pool? Yes No

6. Do you work around chemicals, tars, oils, grease or inks? Yes No

7. Occupation: _____ Do you work nights? Yes No

8. Are you currently under a lot of stress? Yes No (common stress = job loss, new job, wedding, romantic breakup, death in the family or close friend, graduation, difficult home life, long commute, heavily, scheduled)

9. Women: Do you use birth control pills, shots or use an IUD? Yes No

If so, which do you use? _____ What brand of pill? _____

Are you pregnant or nursing? Yes No

10. Men: Do you have shaving irritation? Yes No

What do you use for shaving? _____

11. Diet – do you consume the following?

Foods	✓	How often per week	Foods	✓	How often per week
Fast Food			Peanuts		
Processed Food			Sushi		
Salty Snacks			Kelp and Seaweed		
Milk/Yogurt			Miso Soup		
Cheese			Soy		
Whey or Soy Protein			Vitamins		
Peanut Butter			Seafood		

PRODUCTS CURRENTLY USING – Provide product names.

Cleanser	
Toner	
Serums	
Moisturizers	
Sunscreen	
Mask	
Foundation	
Blush	
Exfoliant (acids or scrubs)	
Acne Medications	
Anything Else?	

12. How often do you cleanse your face? _____ Have you ever had a facial? _____

OTHER TREATMENTS: What else have you done for your skin in the last 90 days?

Glycolic/Lactic/Mandelic Peels	When?	Where?
Other Chemical Peels		
If so, what kind:		
Microdermabrasion		
Dermabrasion		
Laser Hair Removal		
Laser Rejuvenation/Resurfacing		
Skin Cancer Removal		
Facial Waxing		
Electrolysis		
Other:		

How did you hear about us? _____

A facial starts with an analysis of the skin to look for congestion and general skin type. Once the skin type is determined, the proper cleanser, mask, etc., will then be performed. A mask is then applied and finished with the cleansing, toner, moisture, and application of sunscreen. I realize that the practice of the skin care including facials, peels, waxing, sugaring, body wraps, sauna cold plunge, or vichy shower, etc., is not an exact science and no specific guarantees can or have been made concerning the expected result. I understand that some clients experience more change and improvement than others, in virtually all cases multiple treatments are required in order to realize a difference. During your treatment exfoliating products will be used to improve the appearance of your skin. If you have Herpes Simplex Virus-Type 1, please note exfoliating treatments may cause an outbreak. If you are sunburned, have visible cold sores, or have any irritation, you may be asked to reschedule your appointment.

After your facial treatment: Do not use 'active' products for a full 24 hours after your treatment. Avoid the sun and apply sunscreen as directed. You may experience flaking, sensitivity and/or light scabbing on extracted comedones, which is normal and will subside within a few days to improved skin.

Client Signature _____ Date _____

Guardian Signature _____ Date _____

Service Provider Signature _____ Date _____