

SHELLY'S ADVANCED SKIN CARE

CONSULTATION FORM

Name _____ DOB _____

Address _____

City _____ State _____ Postal Code _____

Cell # _____

Email _____

Whom may we thank for the referral _____

Have you had a facial before? Yes _____ No _____

- Was there anything you liked or didn't like about it that you want me to include or avoid today? _____

- Do you have any special requests, areas you want me to focus or specific services you prefer(as time allows) for today's treatment?
(specific areas of extraction, hand massage, scalp massage, facial hair removal, preferred method of exfoliation)

- I can go over the products I am using & recommend for you during your treatment or after.

What do you prefer? During _____ After _____

- Are you taking allergy medications or decongestants? Yes _____ No _____

- Have you been waxed before? Yes _____ No _____

- Are you presently using **Retin A** or **Glycolic Acid**? (last 48 hours) Yes _____ No _____

(Please check yes if you are using Accutane or any vitamin A derivative whether taken internally or applied topically)

Please note that some facial treatments and waxing services have certain side effects such as skin removal, redness, swelling, tenderness, etc.

Please Read & Initial

_____ I have read the above information and if I have any concerns, I will address these with my esthetician. I give my permission to perform waxing procedure(s) and will hold Shelly's Advanced Skin Care management and staff harmless from any liability that may result from this treatment.

_____ I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reaction as much as possible.

_____ I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician immediately.

_____ I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraph and that I have had sufficient opportunity for discussion to have any questions answered. I understand the above paragraph and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician or Shelly's Advanced Skin Care responsible for any of my conditions that were present, but not disclosed at the time of the procedure, which may be affected by the treatment performed today.

Additional things we might need to know:

Client Name (Print) _____ Date _____

Client Signature _____