

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referredby:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (Name &Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to achieve from your treatment today?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to show your photos for educational purposes/social media? \_\_\_\_Yes \_\_\_\_No

**Your Skin Care**

1) Have you ever had a facial treatment before? \_\_No \_\_Yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Which of the following best describes your skin type? (Please circle one type number)

I   Creamy complexion Always burns easily, never tans II   Light Complexion Always burns, tans slightly III   Light/Matte Complexion Burns moderately, tans gradually IV   Matte Complexion Seldom burns, always tans well V   Brown Complexion Rarely burns, deep tan VI   Black Complexion Never burns, deeply pigmented

3) Do you have any special skin problems or concerns pertaining to your face or body? \_\_Yes \_\_No specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Have you ever had chemical peels, laser or microdermabrasion? \_\_No \_\_Yes In the last month? \_\_No \_\_Yes

5) Have you used any of the following hair removal methods in the past six weeks? \_\_No\_\_ Yes, circle all that apply.

 Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

6) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? \_\_No \_\_Yes describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7) What SPF do you use on your face?\_\_\_\_\_\_\_\_\_\_\_\_ How often/when? \_\_\_\_\_\_\_\_\_\_\_\_\_

8) What areas of concern do you have regarding your: **Skin:** (Please check any that apply and explain)

Breakouts/acne\_\_\_ Uneven skin tone\_\_\_ Blackheads/whiteheads\_\_\_ Sun damage/Wrinkles/fine lines \_\_\_ Excessive oil/shine\_\_\_ Redness/ruddiness\_\_\_ Rosacea\_\_\_ Dull/dry skin/Flaky skin\_\_\_ Broken capillaries\_\_\_ Dehydrated\_\_\_ Sun spot/liver spot/brown spot\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eyes:** dehydrated \_\_ wrinkles \_\_puffiness \_\_darkcircles \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Lips:** dehydrated \_\_cracked/chapped lips\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) Have you ever had a skin allergic reaction?  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) Have you experienced Botox, Restylane, or Collagen injection? \_\_No \_\_Yes ,If yes When was the last injection.\_\_\_\_\_\_\_\_\_ **Female Clients Only:** 11) Are you taking oral contraceptives? \_\_No \_\_Yes  12) Are you pregnant or trying to become pregnant? \_\_No \_\_Yes 13) Are you lactating? \_\_No \_\_Yes  14) Any menopause problems? \_\_No \_\_Yes specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15) Are you undergoing any hormone replacement therapy? \_\_No \_\_Yes

**Male Clients Only:**  16) What is your current shaving system? Wet shave \_\_Electric \_\_

17) Do you experience irritation from shaving?\_\_No \_\_Yes Ingrown hairs? \_\_No \_\_Yes

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Please read carefully and initial the following:

\_\_\_\_\_ I understand that Facial and Waxing by Lori services including facials and body treatments given at Facials and Waxing by Lori, are for the sole purpose of skin cleansing, body and mind relaxation and rejuvenation.

\_\_\_\_\_ I understand that it is imperative to tell my Esthetician about any oral or topical medications prior to any facial, waxing, or body treatment services.

\_\_\_\_\_ I understand that Facials and Waxing by Lori do not diagnose illness, disease, or any other physical or mental disorder. I accept full responsibility of the use of Facials and Waxing by Lori at my own risk, and to not hold Facials and Waxing by Lori liable for loss, damage, or injury.

\_\_\_\_\_ I understand that results are personable and not guaranteed.

\_\_\_\_\_ I confirm that to the best of my knowledge that the answers given on client consultation form are correct and that I have not withheld any information that maybe relevant to my treatment at Facials and Waxing by Lori.

\_\_\_\_\_ I understand that I must provide at least 24 hours advance notice for the cancellation of an appointment.

\_\_\_\_\_ I understand Facials and Waxing by Lori has a strict 24 hour cancellation policy. In the event of a late cancellation/no show the fee of 50% of the scheduled value. The credit card to book the appointment will be charged. If we can reschedule your appointment, we will be happy to waive the fee.

\_\_\_\_\_ I understand there are risks associated with skincare treatments. Such as: redness, sensitivity, peeling, and inflammation. Any additional concerns I will discuss with my practitioner.

\*Please note any additional information that may be of importance to your Licensed Esthetician regarding the spa treatment you will be receiving:

Signed by Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_