Spa Lavender

CLIENT INTAKE FORM-FACIAL *Name:_____ Home Phone#:_____*

Cell#:_____ Address:_____City:_____ State:_____ Zip:_____

DOB:___/___/____ Occupation:_____ Emergency Contact:_____ Phone:_____

Email Address:_____ *How did you hear about us?_____*

Your email address & contact info will not be sold or given to any 3rd party

What are your areas of concern?_____ What are your goals for this treatment?_____

Are you presently under a physician's care for any current skin condition or problem? ***□No □Yes:_____***

Sun Exposure in the last 48 Hours? ***□Yes □No*** *Waxing in the last 24 Hours?* ***□Yes □No***

Any reactions after using any skin care product? ***□Yes □No If yes, please explain:_____***

SKIN TYPE EVALUATION: □Normal/Combo □Oily □Sensitive □Mild Acne □ Moderate Acne □ Maturing & Aging

ARE YOU PRESENTLY USING OR USED IN THE PAST:

□ Azlex	□ Renova	□ Tazarac	□Alpha Hydroxy Acids
□ Differin	□ Retin-A	□ Glycolic	□ Accutane
□ Botox	□ Laser Treatment	□ Fillers	□ Retinol
□ Salicylic	□ Acne Rx	□ Chemical/Enzyme Peel	□Hydroquinone/Bleaching Creme
□ Benzoyl Peroxide	□ Mole-Lesion Removal	□ Contact Lenses	

□ Current Medications: _____ □ Taking Birth Control -Type: _____

PLEASE MARK ALL CURRENT AND PAST CONDITIONS:

□ Skin Cancer	□ Asthma	□ Hysterectomy	□ Anxiety
□ Stress	□ Fever Blisters	□ Lupus	□ Cardiac Problems
□ Smoker	□ Headaches-chronic	□ Depression	□ Epilepsy
□ Skin Disease	□ Immune Disorders	□ Herpes	□ Hepatitis
□ Plastic Surgery	□ High Blood Pressure	□ Metal Bone, pins or plates	□ Pregnant -How many months_____
□ Eczema	□ Rosacea	□ Dermatitis	□Hyper/Hypo Pigmentation

□ Allergies:_____

Please explain any checked conditions listed above and anything else you think your Esthetician should be aware of:

_____

Lavender Loyalty Program: *Introductory rate for 1st visit only. Not valid for clients in the last 12 months. Lavender Loyalty clients receive discounted rates & packages and earn rewards. NO Membership Required. If you decline to pre-purchase standard rates will apply for any future services. Each service purchased will be valid for 30 days from the date of purchase. There is a $10 charge to utilize an expired service, as well as a $10 charge to gift a prepaid service.*

Disclaimer*: Session includes 5 minutes for consultation and 5 minutes to undress/redress. I have read the above information and have given accurate account of the questions. If I have any concerns, I will address them with my esthetician before the service. I understand that the services offered are not a substitute for medical care and any information provided by the esthetician is for education purposes and not diagnostically prescriptive in nature. I give permission to my esthetician to perform the facial service and will not hold the esthetician nor Spa Lavender accountable for any liability that may result from this treatment. I understand that the information herein is to aid the esthetician in giving a better service and completely confidential.*

Cancellation Policy: *By signing this intake form you agree that if you need to cancel or reschedule an appointment, you will have do to so within 24 hours of your appointment, to avoid being charged a fee. Any same day cancellations, not showing up to your appointment or changing your appointment the same day will result in a $25 cancellation fee.*

Client Signature (Parent/Guardian if Minor):_____ Date:_____