



Skin Care Information Form

Date _____ Date of Birth _____ Gender Male Female

Name _____ Member # _____

(If you are not a member of the University Club please complete the following information)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Other _____

Email Address _____ Referred By _____

Emergency Contact _____ Emergency Contact Phone _____

Medical Background

Please List any skin or health conditions you are experiencing _____

Have you ever taken or currently taking: Retin A Accutane

Are you currently taking any oral or topical antibiotics: Oral Topical

What is the name of the antibiotic _____

How often do you exercise? _____

What is your level of stress? Low 1 2 3 4 5 6 7 8 9 10 High

How many hours of sleep do you get per night? _____

How many 8 oz. glasses of water do you drink a day? _____

How many ounces of caffeine do you consume each day? _____

Do you smoke? Yes No

How much UV exposure do you get (sun, tanning beds, commuting in car) _____

Please list all supplements, medications, allergies or recent surgeries _____

Client Self Assessment

Do you have any of the following: Scars Stretch Marks Hyper Pigmentation

Do you suffer from:

- | | | | |
|------------------------------------|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Blackheads | <input type="checkbox"/> Whiteheads | <input type="checkbox"/> Milia |
| <input type="checkbox"/> Oiliness | <input type="checkbox"/> Dehydration | <input type="checkbox"/> Eczema | <input type="checkbox"/> Cellulite |
| <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Vein/Circulation Problems | | |

Have you ever received any of the following treatments:

- | | | | |
|---------------------------------|--|---|--|
| <input type="checkbox"/> Facial | <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Laser Surgery | <input type="checkbox"/> Chemical Peels |
| <input type="checkbox"/> Waxing | <input type="checkbox"/> Lash/Brow Tint | <input type="checkbox"/> Laser Hair Removal | <input type="checkbox"/> Vein Treatments |

Please select the box that applies to you:

- | | | |
|--|--|--|
| <input type="checkbox"/> I never Tan | <input type="checkbox"/> I tan with difficulty | <input type="checkbox"/> Average tanning, sometimes burn |
| <input type="checkbox"/> Easily tan, rarely burn | <input type="checkbox"/> I never burn | |

Client Informed Consent to Treatment

I, _____ consent to and authorize the University Club to perform skin exfoliation, skin waxing, body treatments and other related skin care services.

Services: _____

- I have not used a scrub, Retin A, take home micro-dermabrasion or glycolic peel in the last 72 hours. _____ (*initial*)
- I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks. _____ (*initial*)
- Possible side effects to chemical peels include, but are not limited to: Mild redness, dry skin and flaking. Most side effects are temporary and generally fade within 72 hours. _____ (*initial*)
- I have no allergies to Iodine (Seaweed). _____ (*initial*)
- I am not Epileptic and do not have heart or circulation problems. _____ (*initial*)
- It is recommended to discontinue use of all AHA's, Glycolics, Retin A, Renova, or any exfoliating products for up to 72 hours post clinical procedure. Using hydrating, soothing, antioxidants for healing. No sun exposure or tanning beds for up to 72 hours and use at least SPF 15 sunscreen daily when receiving treatments is recommended. _____ (*initial*)
- I agree to adhere to all safety precautions and home skin care program as recommended by my University Club esthetician. _____ (*initial*)
- I am over 18 years of age, or I have a parental consent co-signed below. _____ (*initial*)
- I will call to inform the University Club of any complications or concerns I may have as soon as they occur. _____ (*initial*)
- I have been off Accutane for at least 12 months. _____ (*initial*)
- The nature and purpose of the treatment has been explained to me, and any questions I may have regarding this procedure has been explained to my satisfaction. _____ (*initial*)

I have voluntarily elected to undergo this treatment/procedure after its nature and purpose has been explained to me, along with the risks involved.

Although it is impossible to list every potential risk and complication, I have been informed of the possible benefits, risks and complications. I also recognize there are no guaranteed results and that independent results are dependant upon age, skin condition and lifestyle.

I have read and understand the post-treatment home care instructions. I have also to the best of my knowledge, given accurate account of my medical history.

I have read and fully understand this agreement and all information detailed above. I do not hold esthetician 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.

Client name (Signature): _____ Date: _____

Treatment of a minor:

Signature of parent or guardian: _____ Date: _____