

# FACIAL & SKINCARE

## CLIENT CONSULTATION FORM



Full Name

Address

City

State/Zip

Date of Birth

Phone

Email

How do you want to know about our promotional offers?  text  email

Have you ever had a facial treatment before?  No  Yes

If Yes, when and what treatment?

What are your main concerns?

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Acne                | <input type="checkbox"/> Acne scarring    | <input type="checkbox"/> Aging                 | <input type="checkbox"/> Dull dry skin |
| <input type="checkbox"/> Scars               | <input type="checkbox"/> Enlarged pores   | <input type="checkbox"/> Hyperpigmentation     | <input type="checkbox"/> Dehydrated    |
| <input type="checkbox"/> Wrinkles/fine lines | <input type="checkbox"/> Deep wrinkles    | <input type="checkbox"/> Dark eye circles      | <input type="checkbox"/> Sun damage    |
| <input type="checkbox"/> Age spots           | <input type="checkbox"/> Uneven skin tone | <input type="checkbox"/> Blackheads/whiteheads | <input type="checkbox"/> Rosacea       |

What would you like to achieve from your treatment today?

Appointment Date & Time

Please check current products used:

- Facial Scrub
- Cleansing Cream
- Skin Toner / Astringent
- Soap
- Eye Make-Up Remover
- Day Cream
- Exfoliants
- Eye Cream
- Night Cream
- Mask
- Body Lotion / Cream
- Body Scrub
- Other

How do you find your skin?

- Normal
- Dry
- Oily
- Combination
- Sensitive / Breakout
- Acne
- Very sensitive / Rosacea
- Mature

## MEDICAL HISTORY

Please check the following list of conditions that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Wearing Contact Lenses         | <input type="checkbox"/> Hepatitis                         | <input type="checkbox"/> Pregnant – Which Trimester: _____ |
| <input type="checkbox"/> High / Low Blood Pressure      | <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Hormonal Therapy                  |
| <input type="checkbox"/> Tension Headaches / Migraines  | <input type="checkbox"/> Sinus Infection                   | <input type="checkbox"/> Thyroid                           |
| <input type="checkbox"/> High Level of Stress           | <input type="checkbox"/> Epilepsy or Seizures              | <input type="checkbox"/> Heart Condition / Pacemaker       |
| <input type="checkbox"/> Psoriasis                      | <input type="checkbox"/> Depression                        | <input type="checkbox"/> Insomnia                          |
| <input type="checkbox"/> Seborrhea                      | <input type="checkbox"/> Rashes                            | <input type="checkbox"/> Eczema                            |
| <input type="checkbox"/> Lupus                          | <input type="checkbox"/> Fever Blisters                    | <input type="checkbox"/> Shingles                          |
| <input type="checkbox"/> Surgeries - What / When: _____ | <input type="checkbox"/> Skin Cancer – Where / When: _____ |  |
| <input type="checkbox"/> Contagious Conditions: _____   |  |  |
| <input type="checkbox"/> Allergies: _____               |  |  |

All the above information is true and accurate to the best of my knowledge. I take full responsibility for alerting my Esthetician any physical or mental condition which would affect my service or results. I understand my treatment is therapeutic in nature and will alert my Esthetician to any discomfort.

## WAIVER

I understand and acknowledge there are risks involved with the treatment of facials, peels, microdermabrasion, microcurrent, electrical skin treatments, and waxing. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand any false or misleading information I have given may lead to undesired results and complications and hereby waive World Brows Studio & Academy along with my treating Esthetician's liability if such results, complications, or effects and hereby waive World Brows Studio & Academy along with my treating Esthetician's liability if such results or complications occur. In consideration for the Esthetician performing this procedure, I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me while I am undergoing this procedure or side effects I may experience after the procedure is performed. I understand that the Esthetician does not diagnose illness, disease, or any other physical or mental conditions. Any sexual misconduct exhibited by the Client will result in immediate termination of the session, and the client will be liable for payment of the scheduled appointment. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of action against the Esthetician, service providers, owners, officers, employees, or agents for negligence, injury, loss, death, costs or other injuries or damages to me as a result of this procedure. I agree this waiver and release shall bind the members of my family and any spouse or domestic partner, if I am alive, as well as my estate, family, heirs, administrators, personal representative or assigns if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the Esthetician or any of the service providers.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Parent / Guardian if under 18

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Today's Date

FOR PROFESSIONAL USE ONLY

# FACIAL & SKINCARE

## CLIENT TREATMENT RECORD

Client Full Name

Date and Time

Products used

---

---

---

---

---

---

---

---

---

---

Treatment included

---

---

---

---

---

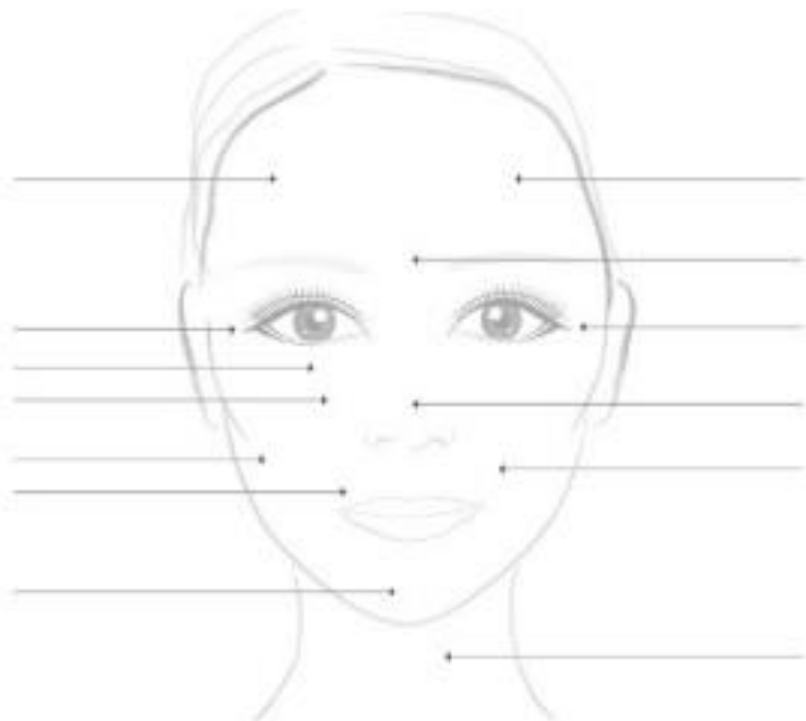
---

---

---

---

---



Problems

Effect

Treatment Plan

Esthetician Notes:

---

---

---

---

---