



Esthetics Consent Form

Name:		
Phone: Cell:	Home:	Work:
Address:		City, Province, Postal Code:
Email:		
Date of Birth (MM/DD/YYYY):		Gender: Male / Female
Occupation:		
Emergency Contact Name & Phone:		
How did you hear about us:		
Can we contact you through email with appointment reminders? <input type="checkbox"/> No <input type="checkbox"/> Yes		Text Appointment Reminders? <input type="checkbox"/> No <input type="checkbox"/> Yes
Email special promotions? <input type="checkbox"/> No <input type="checkbox"/> Yes		

General Health & Skin Care

1. What medications are you currently taking (Prescription / Over the counter) ?
2. Do you use any of the following: Accutane Retin A Renova Adapalene Refissa Other prescription skin products
3. Do you have any allergies? No Yes. If yes, please list:
4. Please list any surgeries or laser resurfacing in the last 9 months (please indicate date):
5. Do you wear: contact lenses? No Yes eyelash extensions? No Yes
6. Do you have any of the following health or skin conditions:
 Arthritis Diabetes Cancer High Blood Pressure Pacemaker Heart Condition Metal Implants
 Eczema Psoriasis Dermatitis Hepatitis HIV/AIDS Other (please explain):
7. Do you have, or are you prone to cold sores? No Yes
8. Are you currently going through chemotherapy or have you gone through chemotherapy in the last year? No Yes
9. Are you pregnant? No Yes. If yes, when is your expected due date?

Notes for Esthetician

Do you have any skin concerns or special instructions for the esthetician today regarding your appointment?

Client Consent and Signature

General Consent: 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 consent to the service being undertaken and I hereby indemnify Serene Escapes Day Spa and its Owners & Staff from any claims whatsoever. I understand this service is a cosmetic treatment and that no medical claims are expressed or implied. I understand that there are no guarantees or refunds as to the results of this service. I hereby agree to all of the above and grant my permission to have this treatment performed on me. All information is solely collected for the internal use of Serene Escapes Day Spa and will not be shared with any third parties.

eyebrow and Eyelash Tinting may cause eye irritation and/or blindness. By signing this waiver, you consent that you understand the risks involved in this treatment and hereby indemnify Serene Escapes Day Spa and its Owners & Staff from any claims whatsoever.

Client Signature

Date

Parent / Guardian Signature (if Client is under 18)

Date