

Name:		Date of Birth:	
Address:		City:	Postcode:
Phone: (Home)		(Mobile)	
Age:	Gender: Male / Fe	emale	
Please take a momen	t to answer the following questions	:	
Is this your first facial?	YES / NO	Are you p	regnant? YES / NO
What is your main cond	cern with your skin?		
Are you presently unde	er a physician's care for any current ski	in condition or other problem?	YES / NO
Are you taking birth co	ntrol pills? YES / NO If "YES'	', what type?	
	g (or used in the past) Azlex, Differin, F for how long?		olic or Alpha Hydroxy Acids? YES /
Are you presently takin	g any medication? YES / NO	If "YES", please list	
			ou often experience stress? YES / NO
Do you have any allerg	ies to cosmetics, tood or drugs? YE	ES / NO IT "YES", pleas	e list
Have you had skin can	cer? YES / NO If "YES", what	at cancer?	
What skin care product	ts do you currently use?		
Please check if you a	re affected by or have any of the fol	lowing:	
Asthma	Cardiac Problems	Depression	Herpes
Fever blisters	Headaches-chronic	Anxiety	Epilepsy
Hysterectomy	Skin Disease	Hepatitis	High Blood Pressure
Sinus Problems	Immune Disorders	Lupus	Pace Maker
Eczema	Metal bone, pins, or plates		
Please explain any prol	blems listed above or any other signifi	cant issues:	

I understand that the services offered are not a substitute for medical care; and any information provided by the therapist, is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the therapist in giving better service and is completely confidential.

## **Cancellations:**

48 Hours notice of cancellation must be given after which 50% of the treatment cost will be charged Less than 24 hours or "no shows" will be charged the full cost of the treatment

Client Signature:	Date:
<b>.</b>	
Practitioner Signature:	Date: