



Medically Directed Services Combined With *Luxury*

### Esthetician Skin Evaluation & Consent Form

Facials, Microdermabrasions, Skin Peels, Waxing, & Make-up Application

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Your Skin Type is:     Dry                       Normal/Combination                       Oily                       Acne Prone

Do you have or had history of any of the following:     Skin Disease/Cancer                       Cold Sores/Herpes on Face  
 Skin Allergies                       Eczema                       Diabetes                       Rosacea                       Active Acne                       Keloids                       Smoking  
 Other: \_\_\_\_\_

Have you ever experienced an allergic reaction or sensitivity to any medications, foods, or products? If so explain:  
\_\_\_\_\_

What do you use to cleanse your face?                       Soap: \_\_\_\_\_                       Non-soap Cleanser: \_\_\_\_\_

Do you use a toner?     Yes                       No                      Brand: \_\_\_\_\_

Do you use:     Retin-A                       Differin                       Azelex                       Renova                       Accutane  
 Salicylic Acid Products                       Alpha Hydroxy Acid Products  
If yes, when is the last time you used this? \_\_\_\_\_

What brands of cosmetic products do you currently use most? \_\_\_\_\_

Have you had previous esthetician or cosmetic medical treatments? If yes, what type and when?  
\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant or actively trying to get pregnant?     Yes                       No

Do you have any other areas you would like to treat? (Example: Hands, Neck, Chest, Etc.)  
Please explain: \_\_\_\_\_

Do you go to tanning beds or have regular sun exposure?                       Yes     No    How Often? \_\_\_\_\_

Do you use sunscreen?     Daily     Occasional     Only for outdoor use    Face SPF # \_\_\_\_\_ Body SPF # \_\_\_\_\_

Please explain your daily skin care regimen: \_\_\_\_\_  
\_\_\_\_\_

What are the cosmetic improvements you would like to see in your skin? \_\_\_\_\_  
\_\_\_\_\_

*Prior to treatment I have revealed any condition that may have bearing on this procedure. I understand there may be some discomfort. I understand that although complications are rare, sometimes they may occur, and in such event I will contact my esthetician immediately. I understand possible complications may include: scabbing, hyperpigmentation, broken blood vessels, and/or worsening of acne. I understand there are no guarantees as to results of this treatment and there are no medical claims expressed or implied. I understand to achieve maximum results I will need several treatments. I understand direct sun exposure is prohibited and sunblock of SPF 15 or greater is mandatory. By my signature below I understand I have read and understand the contents of this consent form and the disclosures referred to herein were made to me.*

Patient Signature: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_