# Meraki Beauty and Skin Bar

## Facial Consent Form

Name: Date: Address: City: State: Zip: Cell Phone: Home Phone: Email address: D.O.B. Age: Emergency Contact: Phone: How did you hear about Meraki Beauty and Skin Bar? If a referral source, please list name.

# HEALTH

1. Within the last year, have you been under a dermatologist’s or other physician’s care?

## YES/NO

If yes, please specify

1. Do you have any health problems / concerns that I need to be aware of before the treatment? **YES / NO**

If yes, please specify

1. Do you have any allergies? (Latex, nickel, etc.) **YES / NO**

If yes, please specify

1. Do you smoke? **YES/NO**
2. Do you exercise regularly? **YES / NO**
3. Do you follow a restricted diet? **YES / NO**
4. Do you have metal implants, a pacemaker or body piercings? **YES / NO**
5. Do you sunbathe or use tanning beds? **YES / NO**

How often? When was the last time?

1. Have you had any recent surgery on your face, neck, and shoulders? **YES / NO**

If yes, when was the last surgery?

1. Are you using any other skin thinning products or drugs? **YES / NO**
2. Do you currently wear contact lenses? **YES / NO**
3. Have you had Botox, Restylane or Collagen injections? **YES / NO**

If yes, please specify.

1. Please circle the following conditions you have/had experienced?

Pacemaker or pins in bones Metal plate Cold sores Warts Lupus High/Low blood pressure Cancer Anemia Epilepsy Hepatitis Asthma Seizures Stroke Headaches HIV / AIDS Pregnant Easy bruising Skin infections Accident or trauma

1. Do you drink more than 4 caffeinated beverages a day (Coffee, tea, soft drinks?) YES / NO
2. Have you ever had an allergic reaction to any of the following: Aspirin or Salicylates **Yes / No**

Milk **Yes / No**

Citrus **Yes / No**

Grapes **Yes / No** Lavender **Yes / No**

Cosmetic product **Yes / No** Skincare products **Yes / No** Nuts/peanuts **Yes / No**

Fish, marine or iodine allergies **Yes / No** If yes to any of the reactions please explain:

# SKIN

1. What are your specific skin concerns and challenges?
2. What skin care products are you currently using?

Face: Soap Cleanser Toner Masque Exfoliator Eye Products Serums

Body: Soap Shower Gel Scrubs Oil Body Moisturizer Depilatory Products Self-Tanners

1. Have you had a chemical peel, microdermabrasion, laser or light therapy, an injectable, or other cosmetic procedure in the last month? **YES / NO**
2. Have you waxed in the last 72 hours? **YES / NO**
3. Do you use Retin- A, Renova, Adapalene, or any other prescription skin products? **YES/NO** In the last three months? **YES / NO**
4. Have you taken isotretinoin (Accutane) within the last 6 – 12 months? **YES / NO**
5. Are you currently using any products that contain the following ingredients?

Glycolic Acid Lactic Acid Exfoliating Scrubs Hydroxy Acid Products Vitamin A Derivatives (Retinol)

1. Do you ever experience these conditions on your skin? (circle) Flakiness Tightness Obvious Dryness
2. What SPF do you use on your face? Body?
3. Do you burn easily in moderate sunlight? **YES / NO**
4. Have you had any direct sun exposer in the last 48 hours? **YES / NO**
5. Do you have a tendency to redness? **YES / NO**
6. Do you suffer from sinus problems? **YES / NO**
7. Are you currently experiencing a BREAKOUT? **YES / NO**
8. Do you ever experience burning, itching or stinging sensations on your skin? **YES / NO** If yes, please specify

# FEMALE CLIENTS

1. Are you taking oral conception? **YES / NO**
2. Are you pregnant or trying to become pregnant? **YES / NO**
3. Are you lactating? **YES / NO**
4. Are you currently having or due for your menstrual period? **YES / NO**

# MALE CLIENTS

1. Do you have any shaving challenges? **YES / NO** If yes, please specify

# QUESTIONS TO DISCUSS

1. What are your expectations with this treatment?
2. Do you have any questions for the esthetician? Please list them here

# CLIENT CONSENT

I hereby consent to and authorize the esthetician named below to perform the following procedure:

Signature Facial Acne Facial Anti-aging Facial Teen Facial Microdermabrasion LED Light treatment Microcurrent Enzyme Peel Highfrequency Acid Peel

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

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed)

Client Name (signature)

Date Esthetician Date