

FACE PLACE NEW CLIENT INTAKE AND CONSENT FORM

What concerns do you have with your skin? *(Please circle all that apply)*

Fine Lines/Wrinkles Anti-Aging Loss of Skin Elasticity Dull Skin Tone
Hyper-pigmentation (Brown Spots) Red and Blotch Acne breakout/Clogged Pores Rough Texture
Broken Capillaries Sun Damage Enlarged Pores Age Spots Scarring
Not sure how to care for my skin No Major Concerns, just want to keep it Healthy I'm not sure, you tell me!
Other _____

If there was one thing you could change about your skin, what would it be?

What skin care products do you use at home? *(Brand names if you can provide them)*

Daytime:

Evening:

Cleanser _____

Cleanser _____

Toner _____

Toner _____

Moisturizer _____

Moisturizer _____

Other _____

Other _____

Do you smoke? _____ **Have you used Accutane in the last 12 months?** _____

Are you pregnant? _____ **How much sun exposure do you get?** _____

Do you have Epilepsy or Diabetes? _____ **Are you on Hormone Replacement Therapy?** _____

Presently on Birth Control? _____ **Pregnant?** _____ **Skin allergies?** _____

Allergic to Aspirin? _____ **Outdoors-type allergies?** _____

Other? _____ **Have you ever had Herpes? (Cold Sores)** _____

Have you been treated with Zovirax or any medication for Herpes? _____

Have you had any of the following? *(Please circle all that apply)*

Cosmetic Surgery Botox Injections Skin Cancer Dermatitis Laser Resurfacing Chemical Peels
Hepatitis Waxing or Electrolysis in **Past Week** Other *(Specify)*

Are you presently using any of the following? *(Please circle all that apply)*

Accutane Topical Vitamin C Glycolic Acid/Alpha Hydroxy Acid (sometimes found in cleansers/serums)
Retinoid (Vitamin A Derivatives) i.e. Retin A, Renova, Differin Hydroquinone

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Which of the following best describes your skin type? (Please circle one type number)

- | | |
|----------------------------|----------------------------------|
| I Creamy complexion | Always burns easily, never tans |
| II Light Complexion | Always burns, tans slightly |
| III Light/Matte Complexion | Burns moderately, tans gradually |
| IV Matte Complexion | Seldom burns, always tans well |
| V Brown Complexion | Rarely burns, deep tan |
| VI Black Complexion | Never burns, deeply pigmented |

Is there anything else you would like us to know? _____

I hereby give my consent and authorization voluntarily, and release (Face Place) from any claims implied or stated that I have or may have in the future in connection with this treatment, regardless of result. By signing, I have stated I fully understand all of the information contained here and the treatment process has been satisfactorily explained to me.

Name (please print) _____

Address: _____ City, State, Zip _____

Telephone: Cell # (_____) _____ Home # (_____) _____

Email: _____ Birthday: _____

Signature: _____ Date: _____

In a very small percentage of cases, possible side effects may occur including, but not limited to the following: redness, flaking, peeling, scabbing, hives, rashes, burning sensation, allergic reactions, puffiness, or darkening of the skin. By signing below, I acknowledge that I have read and understood the above listed contraindications that may arise from my facial treatment. Any and all questions or concerns I may have regarding my treatment have been completely addressed and answered to my full satisfaction.

Signature: _____ Date _____