# SKIN•OLOGY

by Ambershea Terhune

Licensed Esthetician, Certified Laser Technician

## New Patient Intake Form

Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____

Cell Phone: _____ E-mail: _____

Emergency Contact: _____ and Phone: _____

Employer: _____ _____ Occupation: _____

How did you hear about SKIN•OLOGY? _____

## Health History

Have you been under the care of a physician, dermatologist or medical professional in the past year? If so, why?

_____

_____

Do any of the following apply to you? (Please check all that apply.)

- ○ Active Infection
- ○ Arthritis
- ○ Asthma
- ○ Body Injuries
- ○ Cancer, kind: _____
- ○ Claustrophobia
- ○ Dermatitis
- ○ Diabetes
- ○ Eczema
- ○ Epilepsy
- ○ Frequent Cold Sores
- ○ Headaches (chronic)
- ○ Heart Problems
- ○ Hepatitis
- ○ High Blood Pressure
- ○ Hirsutism
- ○ Hormone Replacement Therapy (HRT)
- ○ Hysterectomy
- ○ Immune Disorder
- ○ Insomnia
- ○ Keloid Scarring
- ○ Metal Bone Pins or Plates
- ○ Psoriasis
- ○ Psychological Treatment
- ○ Tanning Bed or Sun Exposure
- ○ Thyroid Condition
- ○ Treatment with Accutane (in past year)
- ○ Vitiligo

Are you currently pregnant or breastfeeding? _____

Do you have any known allergies? _____

Are you taking birth control? If so, what kind? _____

Please list all medications, including herbal supplements, you are currently taking: _____

_____

Anything else I should know? _____

_____

## Lifestyle Questions

Do you smoke? _____ How many alcoholic drinks/week? _____ Stress level? _____

Do you follow a restricted diet? Explain. _____

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# Consent Form

for facials, microdermabrasion, dermaplaning, chemical peels, waxing, tinting

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

I have been informed of the possible negative reactions and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin). In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my esthetician immediately.

I understand that my esthetician will take every precaution to minimize or eliminate negative reactions, such as blisters, sores or other reactions. I do understand that, very rarely, permanent damage could occur.

My expectations are realistic, and I understand that the results are not guaranteed and that for maximum results, more than one treatment may be required. The rate of improvement of my skin depends on my age, lifestyle, skin type and condition, degree of sun/environmental damage and exposure, pigmentation levels, and/or acne condition.

I agree that I am willing to follow recommendations by my esthetician for home care. I will be responsible for following home regiments that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen, avoiding the sun/tanning booths and extreme weather conditions, avoiding activity that will raise my body temperature (working out, hot yoga, excessive drinking) for 24 hours, and avoiding products with exfoliating ingredients, such as retinols and acids, for 72 hours.

I consent to the taking of photographs to monitor treatment effects, as desired by my esthetician. I understand that photographs will not be shared on social media or with anyone without my consent.

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's Name (Printed) | Client's Signature | Date |
|---|---|---|
| _____ | _____ | _____ |
| Esthetician's Name (Printed) | Esthetician's Signature | Date |
| _____ | _____ | _____ |