

Body & Sole Reflexology and Spa

Client Consultation

Date: _____

Name: _____

Date of Birth: _____

Address: _____ City _____ State _____ Zipcode _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-mail: _____

Single: _____ Married: _____ If yes, anniversary date: _____

Employer: _____

Occupation: _____

Does your job require that you work outdoors? () No () Yes

Referred by: _____

What would you like to achieve from your treatment today? _____

Your Skin Care

1) Have you ever had a facial treatment before? () No () Yes, when? _____

2) Have you ever had a body spa treatment before? () No () Yes, when? _____

Massage: () No () Yes

Salt Glow: () No () Yes

Seaweed Wrap: () No () Yes

Moor Mud: () No () Yes

Body Scrub: () No () Yes

Other: _____

3) 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

4) Do you have any special skin problems or concerns? () No () Yes

Specify: _____

5) Have you ever had chemical peels, laser, or microdermabrasion? () No () Yes

In the last month? () No () Yes

6) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? () No () Yes

Describe: _____

15) What SPF do you use on your body? _____ How often/when? _____

16) Have you had any recent tanning bed or sun exposure that changed the color of your skin? No Yes

Specify: _____

17) Have you experienced Botox, Restylane or Collagen injections? No Yes

Specify: _____

Female Clients Only:

18) Are you taking oral contraceptives? No Yes

Specify: _____

19) Any recent changes to or from your contraceptive treatment? No Yes

If so, what and when? _____

20) Are you pregnant or trying to become pregnant? No Yes

21) Are you lactating? No Yes

22) Any menopause problems? No Yes

Specify: _____

23) Are you undergoing any hormone replacement therapy? No Yes

Specify: _____

Male Clients Only:

24) What is your current shaving system? Wet shave Electric

25) Do you experience irritation from shaving? No Yes Ingrown hairs? No Yes

Please use this space to complete answers where space was insufficient. (Please include the number of the question)

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer esthetics or skin therapy techniques to my child or dependent as they deem necessary.

Signature of parent or guardian _____ Date _____

Client Consent

I hereby consent to and authorize _____ to perform the following procedure:

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, by _____.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by my therapist.

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 _____

