

# BELIFESTYLE™

## LUXURY MEDSPA

### SKIN CARE CLIENT INFORMATION

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

In Case of Emergency: \_\_\_\_\_

Occupation: \_\_\_\_\_

Physician: \_\_\_\_\_

Age: \_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Referred by: \_\_\_\_\_

Have you ever received skin care services  Yes  No

If yes, when? \_\_\_\_\_

Please answer the following questions.

How do you wash your face?  Soap  Cleanser  
What brand? \_\_\_\_\_

Are you a diabetic?  Yes  No

Do you use a moisturizer?  Yes  No

Are you claustrophobic?  Yes  No

Do you use Glycolic Acid on a regular basis?  Yes  No

Are you on a special diet?  Yes  No

Have you or are you currently using Retin-A?  Yes  No  
Please Specify \_\_\_\_\_

Do you consume water daily?  Yes  No  
Please Specify \_\_\_\_\_

Are you/have you taken Accutane?  Yes  No  
Please Specify \_\_\_\_\_

Do you drink coffee, tea, soda?  Yes  No  
Coffee \_\_\_\_ oz Tea \_\_\_\_ oz Soda \_\_\_\_ oz

Are you presently taking any medication?  Yes  No  
Please Specify \_\_\_\_\_

Do you exercise?  Yes  No

Do you ever have you have itching/burning on your Skin?  Yes  No

Please list cosmetics and skin care regimen you are currently using:

Do you have any allergies?  Yes  No  
If yes, please list \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you experience redness/irritation?  Yes  No

Do you have heart trouble?  Yes  No

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the treatment and procedure provided by \_\_\_\_\_. This document supersedes any previous verbal or written disclosure.

Client Signature

/Parental Consent (if under 18)

Date