CLIENT REGISTRATION FORM									
Name	(First):	(Middle):	(Middle):		(Last):				
DOB		Phone	NO.	(home):					
(mm/dd/yy)				(cell):					
Mailing Address									
E-mail	Occupation								
Emergency Contact	Name					L			
	Cell		tionship						
	Phone								
Referenced by									
Please describe	e your skin care i	needs :							
Please check a	ll of the following	g that apply to you:							
Alcohol/Drug Dependence		Frequent Urin	Frequent Urination		Prostate Problems				
Abnormal Menstruation		Headache	Headache		Sinusitis				
Allergies		Heart Attack		S	Stroke				
Angina		Heartburn/Inc	Heartburn/Indigestion		Tobacco Use				
Arthritis/Rheumatoid Arthritis		I			hyroid Diseas	e			
Anxiety/Dep	pression	High Blood P	ressure		Tinnitus				
Asthma		HIV		V	Weight Loss				
Blood Disorder			Insomnia						
Breast Lumps		-	Kidney Disease		Othern				
Cancer/Tumor Convulsions/Seizures		Nausea			Other:				
Diabetes		Night Sweats							
Diarrhea/Constipation		Osteoporosis	-						
Excessive Thirst		Pacemaker	-						
Dizziness			Palpitation/Arrhythmia						
Fatigue		Peptic Ulcer							
Fever		Pregnant, #W	eeks	_					

Please select all skin conditions that apply:									
Tendency towards redness		Sunburn/blush easily			Skin breakouts				
				•					
Oily durin	g day	Dry sk	in		Sensitive skin				
Please select all past reactions/allergies that apply:									
Cosmetics	Enzymes	Fragra	ance	Glycolic/	/Lactic acid				
Salicylic a	cid Sunscreens	Algae		Medicine	2				
Food:									
Other:									
	• • ·								
Please select all products you are currently using:									
Vitamin A/Retinol derivatives Exfoliating scrubs									
	11 44	Cl	1: . /1	1					
Any Hydr	oxyl acid product	GIy	conc/factio	cacid					
		4							
	ent and past skincare (.1					
-	al prescription medicatio	on		al waxing					
Injectable			-	els/Photo facial					
Microderr			ser treatm	ent:					
Facial cos	metic surgery		Ot	ner:					
Planca list the r	nedicines, herbs or vita	omine vou	ro ucina.						
r lease list the l	neurcines, neros or vita	annins you	are using:						
Plassa list tha	surgeries or major illne	es vou had	•						
I lease list the s	urgeries of major mine	css you nau	•						
By signing held	ow I certify that the al	hove inform	nation is c	omplete	and accurate to the best of my				
By signing below, I certify that the above information is complete and accurate to the best of my knowledge. I understand, have read and completed this questionnaire truthfully. I agree that this									
constitutes full disclosure, and that it supersedes any previous verbal or written disclosure. I									
understand that withholding information or providing misinformation may result in contraindications									
and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I									
release the esthetician from liability and assume full responsibility thereof.									
Signature:			Date:						
_									
l									