



Esthetics Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

DOB _____ Occupation _____ Email _____

How did you hear about us?

Conditions you are currently experiencing today (Please select all that apply):

Headache Inflammation Muscle Cramps Anxiety Fatigue Insomnia Stress Forgetfulness

Which aroma(s) do you prefer? (Please select all that apply)

Lavender Citrus Geranium Peppermint Lemongrass Patchouli Eucalyptus Frankincense

Esthetics Information

What type of skin do you have?

Normal Oily Dry Combination What areas of

concern do you have regarding your skin?

Breakouts/Acne Blackheads/Whiteheads Uneven Skin Tone Sun Damage

Excessive Oil/Shine Wrinkles/Fine Lines Dull/Dry Skin Rosacea

Broken Capillaries Redness/Ruddiness Dehydrated Sun, Liver, Brown Spots

Other: _____ Have you been under the care of

a dermatologist within the past year? yes no

If yes, please explain _____ Have you ever had an allergic reaction to any of the following?

Cosmetics Medicine Food Animals Sunscreen Drugs

Iodine Pollen AHAs Fragrance Shellfish Latex

Other: _____

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinol/Vitamin A derivative products?

If yes please describe: _____ Have you received Botox,

Restylane, or Collagen injections in the last 6 months? yes no

If yes, please specify: _____

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

Client Signature

Date



Policy Notification

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our clients we have implemented the following policies.

Cancellation Policy

We respectfully ask that you provide us with a 6-8 hour notice of any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 6-8 hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive services they need. For this reason, you will be charged 50% of the service fee for the first missed session and 100% of the service fee for each session after that. We also reserve the right to require a credit card number to be given to book future appointments so that appropriate fees may be charged if a late cancellation does occur.

We understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, we request that you cancel your session. Inclement weather may also result in the need for late cancellations. We will do our best to give advanced notice if we are closing or need to cancel due to bad weather and we ask you to do the same. Please do not risk your own safety trying to make your appointment. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis.

Late Arrival Policy

We request that you arrive 20-30 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late for your appointment. However, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you. Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited we may also file a report with the local authorities if necessary. Treat your therapist with respect and dignity and you will be treated the same in return.

By signing below, you agree to abide by these policies.

Client Signature

Date



General Liability Release Form

By signing below, you agree to the following:

- 1) I give my permission to receive facial and/or waxing services.
- 2) I understand that facials and/or waxing services are not a substitute for traditional medical treatment or medications.
- 3) I understand that the esthetician does not diagnose illnesses, injuries, or prescribe medications.
- 4) I have clearance from my physician to receive facial and/or waxing services.
- 5) I understand the risks associated with facial and/or waxing services include, but are not limited to:
 - Short-term soreness
 - Redness
 - Irritation
 - Bleeding
 - Dryness

I therefore release the company and the individual esthetician from all liability concerning these injuries that may occur during the facial and/or waxing session.

- 6) I understand the importance of informing my esthetician of all medical conditions and medications I am taking, and to let the esthetician know about any changes to these. I understand that there may be additional risks based on my physical condition.
- 7) I understand that it is my responsibility to inform my esthetician of any discomfort I may feel during the session so he/she may adjust accordingly.
- 8) I understand that I or the esthetician may terminate the session at any time.
- 9) I have been given a chance to ask questions about the massage therapy session and my questions have been answered.

Signature

Date