BOTANICA AESTHETICS

THIS DOCUMENT IS INTENDED TO COVER ALL FACIAL AND WAXING TREATMENTS RECEIVED AT BOTANICA WELLNESS SANCTUARY INCLUDING CHEMICAL PEELS, MICRODERMABRASION, EPIDERMAL LEVELING, ETC.

Thank you for taking the time to carefully fill out this form. The information you provide will help ensure that the esthetician has sufficient knowledge about your unique skin profile to perform a safe, effective treatment.

Date: _____

Name: _____

Email: _____

Phone: _____

Mobile Carrier: (if you would like text reminders) _____

Address: _____

Birthday: _____

Whom may we thank for referring you? _____

Please list any and all allergies (Drug/Food/Environment):

_____

Have you ever had an allergic reaction to any skin product or cosmetic? ❑ Yes ❑ No

My skin tends to be (check all that apply)

❑Dry
❑Oily
❑Acne Prone
❑Sensitive
❑Combination

Please select which option best describes your skin:

❑ Always burns easily, never tans
❑ Always burns, tans slightly
❑ Burns moderately, tans gradually
❑ Seldom burns, always tans well
❑ Rarely burns, deep tan
❑ Never burns, deeply pigmented

Are you prone to ingrown hairs? ❑Yes ❑No

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Main skincare goals: _____

Health History

Do you currently use or have you ever used a prescription acne medication or Retin-A? ❑ No

❑ Yes, I use/have used _____

- Have you seen a dermatologist in the past year? ❑Yes ❑No
- Do you have epilepsy or diabetes? ❑Yes ❑ No
- Are you on hormone-replacement therapy? ❑Yes ❑No
- Are you presently taking birth control pills? ❑Yes ❑No
- Are you pregnant or planning to be? ❑Yes ❑No
- Do you take nutritional supplements? ❑Yes ❑No

Have you had any of the following?

❑Cosmetic Surgery ❑Botox Injections ❑Skin Cancer ❑Dermatitis ❑Keloid Scarring

❑ Laser Resurfacing ❑Chemical Peels ❑Hepatitis ❑Herpes (cold sores)?

Lifestyle

- Do you smoke? ❑Yes ❑ No
- Do you use a tanning booth or other tanning products? ❑Yes ❑ No
- Do you use a sunscreen daily? ❑Yes ❑ No
- Do you wear contact lenses? ❑Yes ❑No
- Have you had skin treatments (facials) before? ❑Yes ❑No
- Have you had electrolysis or waxing in the past week? ❑Yes ❑ No
- Have you had permanent cosmetics applied? ❑No ❑Yes Where:_____

What skin-care products are you currently using?

_____

_____

Any other information you wish to disclose before your treatment?

_____

BOTANICA AESTHETICS

I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician and Botanica Wellness Sanctuary 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.

By signing below, I acknowledge and agree to the following: All treatments and procedures inherently include risks such as, but not limited to, infection, hyper or hypo pigmentation, redness, edema, and bruising. As in any cosmetic procedure, the treatment goal is for esthetic improvement, not perfection. The number of treatments necessary will vary between individuals and the areas being treated. Several factors including skin color, age, hormonal activity, genetic conditions, and other influences may decrease effectiveness of treatments. I hereby release and forever discharge Botanica Wellness Sanctuary and its practitioners from all claims, damages or action arising out of the performance of any treatments or procedures I may receive. I understand that there are no refunds on services. **I understand that I will be charged for appointments that I no-show and appointments that I cancel with less than 24-hour notification.**

Client Signature **Date Signed**