LIFE STYLE WITH K FACIAL CONSENT FORM

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Province: \_\_\_\_\_\_Postal Code: \_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Visit: Yes / No

Medical History:

Are you currently or within the last year under a physician's care? Yes/ No If yes explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle any of the following that apply: Asthma, Fever, Blisters, Sinus Issues, Headache, Cardiac Problems, Anxiety, Lupus, Hepatitis, Herpes, Epilepsy, High blood pressure, Immune disorders, Pace Makers, Pregnant, Nerve Damage.

Have you undergone any surgery in the last nine months? Yes specify:

Have you had any of these health problems, past or present?

Sun exposure? Light Moderate Excessive

SPF Yes/No How often ?

Skin conditions:

List any medications and vitamins you take regularly:

 Medications Yes/No

List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you Smoke? \_\_\_\_\_\_\_\_\_ Use Retin-A? \_\_\_\_\_\_\_ Do you exercise?\_\_\_\_\_\_\_\_\_\_

Use Accutane(past or present)? \_\_\_\_\_\_\_Do you have dental fillings? \_\_\_\_\_\_\_\_\_\_\_

How many cups of caffeine-type beverages a day (Coffee, Tea, Soda)\_\_\_\_\_\_\_\_\_\_\_

How much water do you consume daily ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female Clients Only:
Are you taking oral contraception: Yes No

Are you pregnant or trying to become pregnant: Yes/NO

**Skin Analysis**

Have you had a facial before: YES/NO

If yes any complications at a previous service?: Yes No yes, please explain:

If yes, what was your favourite aspect?

Which of the following most closely describes you skin type:

Dry Oily Normal - Combination - Explain

Do you have any special skin problems: Yes No
If yes, explain:

Do you experience these conditions on your skin:
Flakiness, tightness or obvious dryness

Do you experience skin break-outs? : Yes No

Locations -

Do you have any allergies or skin sensitivities?

Have you ever had a reaction to Cosmetics\_\_\_\_Fragrance\_\_\_\_\_ Other\_\_\_\_\_\_

What types of skin products are you currently using:

What results /improvements are you looking for:







Aesthetician Remarks:











Questions, Concerns or Comments

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

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

I understand that to provide me with aesthetic therapy and or treatments Lifestyle with K will collect personal information from me.

I have reviewed the written statement indicating the purposes for collection, use, and disclosure of my personal health information. I understand that the Aesthetician will only collect, use, and disclose my personal information with my consent, for the purposes indicated in the written statement, unless the collection, use, or disclosure is required or permitted by law without my consent. I understand and agree to comply with all the salon and spa policies listed below:

We will not treat clients with questionable medical conditions such as herpes, cold sores, blisters, open wounds or sores, healing incisions, infectious disease etc We do not massage anyone under going cancer, diabetes, or systemic treatments or any contra-indications for the body. I understand that services received here are not substitute for medical care. All information received must be true and accurate. Lifestyle with K is not responsible for any skin reaction or irritation. I understand the risks associated with massage therapy, facials, and waxing include,  but are not limited to: Superficial bruising or redness, Short-term muscle soreness, Exacerbation of undiscovered injury. I give my permission to receive massage, facials or waxing services. I understand that therapeutic massage is not a substitute for traditional medical treatment or medications. I understand that the therapist or aesthetician does not diagnose illnesses or injuries, or prescribe medications. I, therefore, release Lifestyle with K and the individual therapist or aesthetician from all liability concerning these injuries that may occur during the massage session.understand that it is my responsibility to inform my therapist or aesthetician of any discomfort I may feel during the session so he/she may adjust accordingly.

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Aesthetician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_