Date / /

Facial & Waxing Confidential Health Information

First Name	MI	Last Name		Email (please send me a newsletter ☐ Yes!)
Address	City	State	Zip	Occupation
Home Phone ( ) -	Cell/Work Phone ( ) -	Emergency Contact ( ) -		Date of Birth / /

How did you hear about us?
☐ Website ☐ Yellow Pages ☐ Facebook ☐ I'm a Valley Member ☐ Referral/Other _____

Are there any physical or medical conditions that the Skin Care Professional should be aware of prior to treatment?
☐ No ☐ Yes (please explain)

History (please check all that apply)

☐ Pregnant or lactating
☐ Hypo/hyper thyroid
☐ Heart disease/pacemaker
☐ Diabetes, Epilepsy, Hemophilia
☐ High/low blood pressure
☐ Cancer, HIV, Immune Disorder, Herpes
☐ Open wounds/lesions or infections
☐ Do you smoke?
☐ Do you wear contacts?
☐ Seeing a dermatologist?
☐ Have you had recent Botox, Microdermabrasion or peeling treatments?
☐ Have you had permanent makeup where you wish to wax in the past 2 weeks?
☐ Have you had intense light treatment in the past 7 days?
☐ Have you used a tanning bed in the past 24 hours?
☐ Have you had sun spots removed since the last treatment?
☐ Have you had laser, collagen injections or plastic surgery since your last visit?
☐ Are you due to start your menstrual cycle in the next 2 days?
☐ Are you currently involved in a fitness program?

Medication History (please check any that you have taken or used in the past 4 months)

☐ Retin-A and Renova ☐ Topical Antibiotics ☐ Accutane (within the last year) ☐ Cumacin
☐ Metro Gel ☐ Deffarin Gel ☐ Metro Cream ☐ Prednisone

What is your daily skin care routine? _____

What products do you use? _____

Have you ever had a topical skin reaction? If so, what did you react to? _____

Do you have any known allergies or sensitivities If so, indicate which substances affect you (specifically iodine or seaweed)

_____

Self Skin Evaluation (Facials Only)

Overall, do your describe your skin as (please check all that apply)

Oily	☐ All over	☐ T-zone	☐ Blackheads	☐ Prone to breakouts, frequency:_____
Dry	☐ All over	☐ Patches	☐ Rough/flaky	☐ Itchy/tight
Sensitive	☐ Allergic	☐ Blotchy	☐ Easily reddens	☐ Easily irritated, cause of irritation: _____
Mature	☐ Fine lines	☐ Wrinkles	☐ Crows feet	☐ Loose skin ☐ Age spots

If you could change two characteristics about your skin, what would they be? _____

Turn Over ➔

PLEASE *INITIAL* AFTER EACH POLICY TO SAY THAT YOU READ AND UNDERSTAND THE POLICY

I understand that giving 24 hours notice or more for cancellations or rescheduling will not result in any charge for that appointment.

_____
INITIAL

Any missed/cancelled appointment(s) without 24 hours notice will result in charge of the full amount of the service and will be charged to the credit card I have provided on file (non-members), gift card, or my Valley membership (members only)

_____
INITIAL

Any returned check will result in a charge of $25.00. I will then only be able to pay by cash or credit card for payment.

_____
INITIAL

I understand that estheticians do not diagnose illness, disease, or other medical, physical, or emotional disorders or prescribe medical treatment or pharmaceuticals. It has been made clear to me that treatment is not a substitute for medical examination or diagnosis and that I am responsible for consulting a qualified physician for any physical ailment that I might have. I have stated all my known medical conditions and take it upon myself to keep the esthetician updated on my physical health. I also affirm that I am at least 18 years of age, or have parental consent to receive my treatment today (if under 18, parent signature must be present)

Also, since spa services have been reserved especially for me, I will notify the V Spa 24 hours in advance to change/cancel appointments without penalty.

Signature	Date / /