Lady V Aesthetics

Relax, Restore, & Rejuvenate

Consultation Form

Today's Date_____

Name_____Birthdate_____

Address_____

City_____ State_____ Zip Code_____

Cell Phone #_____ Other #_____

Occupation_____

Email_____

Emergency Contact_____ #_____

Medical History

Check Box Where Applicable/Fill In With Details:

( )Accutane	( )Acne	( )Allergies:_____
( )Arthritis	( )Depression	( )Diabetes
( )Epilepsy	( ) Eczema	( )Blood Pressure: ( ) Low ( ) High
( )Fever Blisters	( )Hepatitis	( ) Heart Condition
( ) HIV	( )Insomnia	( ) Hyper/Hypo Pigmentation
( )Lupus	( ) Pregnant	( )Hyper/Hypo Thyroid
( )Plastic Surgery	( ) Retin-A	( ) Medications:_____
( ) Psoriasis	( ) Rashes	( ) Seborrhea
( )Shingles	( )Skin Cancer	( ) Surgeries:_____
( )Vitamins	( ) Warts	( ) Other:_____

Personal Skin Care History

Please Check Currect Products You Use:

( )Eye Make-Up Remover	( )Cleansing Cream	( ) Facial Soap
( ) Day Cream	( )Night Cream	( ) Eye Cream
( ) Mask	( ) Facial Scrub	( )Exfoliants
( )Body Lotion/Cream	( )Body Scrub	( )Hand Cream

Personal Evaluation Questionnaire

Please Reply In Details To The Following Questions:

1. What is your major reason for being here today?

_____

_____

_____

2. What skin type and/or problem do you feel you have?

_____

_____

3. Have you ever had a facial treatment before?

_____

_____

_____

4. Have you ever had a reaction to a food, cosmetic, or skin care product? If yes, please give details:

_____

_____

5. How you feel about your skin conditions? What would you like to Improve?

_____

_____

6. Do you tend to tan or burn?

_____

_____

7. Have you ever been waxed?

_____

_____

I Understand and agree to comply with all the spa policies listed below

1. We do not wax anyone on Accutane, Retin-A, Renova, or other medications/products that exfoliate or thin the skin. We do not wax anyone undergoing chemotherapy or radiation treatments.

2. We will not treat clients if you have use any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?

3. We will not treat clients with questionable medical conditions such as Herpes Simplex (cold sores, fever blisters), open wounds or sores, healing incision, infectious diseas, etc. We do not massage clients undergoing cancer, diabetes, or systemic treatments or any other specific contra-indications for the body.

4. We **require a minimun of 24 hours advance cancellation** notice. Any client giving less will be charged up to 100% of the service price.

5. I understand that services received here are not a substitute for MEDICAL CARE and any information provided by the technician is for educational purposes only.

6. All information received by the client on this chart, is completely private and confidential.

7. We do not give cash refunds. **ALL SALES ARE FINAL**

8. Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc.

Client signature _____

Date _____