



Client Information

Date _____

If you previously filled out this form: Any changes since last visit? **No** **Yes** *If yes please indicate changes on form.*

Name _____ Gender: M F Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Preferred Contact Number _____ Email _____

May we leave a message if we do not reach you personally? Yes No

What are your top 3 concerns at this time?

1. _____
2. _____
3. _____

Medical History:

Pregnant? Yes No Maybe N/A Breastfeeding? Yes No N/A

Do you smoke? Yes No

Health Conditions: _____

Past Surgeries: _____

Have you ever been diagnosed with Cancer? **No** **Yes** (date of last treatment) _____

Current Medications: _____

Prescription Topicals: _____

Allergies (include aspirin & iodine): _____

Hepatitis: _____

Previous Treatments:

Facials	Yes	No	Last treatment: _____	Any complications? _____
Microdermabrasion	Yes	No	Last treatment: _____	Any complications? _____
Chemical Peels	Yes	No	Last treatment: _____	Any complications? _____
Waxing	Yes	No	Last treatment: _____	Any complications? _____
Tanning	Yes	No	Last treatment: _____	Any complications? _____
Laser Therapy	Yes	No	Last treatment: _____	Any complications? _____
Injections & Botox	Yes	No	Last treatment: _____	Any complications? _____

Skin Conditions: *(please check the items below that pertain to you)*

<input type="checkbox"/> Skin Infection	<input type="checkbox"/> Herpes (cold sores)	<input type="checkbox"/> Keloids/Excessive Scarring	<input type="checkbox"/> Sun Sensitivity
<input type="checkbox"/> Skin Cancer	<input type="checkbox"/> Poor Healing	<input type="checkbox"/> Tattoos/Permanent Makeup	<input type="checkbox"/> Easy Bruising
<input type="checkbox"/> Eczema	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Lymph Nodes Removed	<input type="checkbox"/> Diabetes

Skincare: What type of skin do you feel you have? Dry Oily Normal Combination

What is your skin routine? *(Indicate any cleansers, toners, serums, moisturizers, masques, etc.)*

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____



Treatment Consent

Date _____

Client Name _____

Please Initial:

- _____ I agree that the nature and purpose of the treatment has been explained to me and any questions I have regarding the treatment have been explained to my satisfaction.
- _____ I understand that with any treatment certain risks are involved and that any complications from known or unknown causes could occur.
- _____ I understand that possible side effects include, but are not limited to: mild to moderate redness, mild to moderate peeling or flaking, stinging, dry skin, tenderness, pimples, cold sores or allergic reactions. Most side effects are temporary and will dissipate within 3-7 days.
- _____ I do not have active cold sores.
- _____ I will call to inform my skincare professional of any complications or concerns I may have as soon as they occur.
- _____ I understand that it is recommended prior to having a facial infusion to not have used Retin A for 72 hours, Accutane in 6 months or have waxed 24 hours prior to receiving treatment.

CLIENT SIGNATURE

PRINT NAME

DATE

POLICY

Consultation. Our estheticians are dedicated to helping clients achieve their skincare goals. We offer complimentary consultations to better understand each individual's skincare needs. Based on a private skin analysis and dialogue, both client and esthetician will design a treatment plan that will best meet the expectations of the client.

Scheduling. Skincare Butik will be happy to provide your desired treatment. However, most procedures are booked several weeks in advance.

Arrival. New clients; please arrive 15 minutes early. Upon arrival SkincareButik comprehensive skin care history and treatment consent forms will be provided. This step is key; please be thorough!

No Show/ Cancellation Policy. We request a 24-hour notice for any appointment changes or cancellations. If you cancel within 24 hours of your scheduled appointment you will be charged 50% of the service amount. If a No-Show occurs, you will be charged 100% of the service fee. We do understand that circumstances out of your control may sometimes prevent you from making an appointment, so we will allow 1 free no show/ cancellation per year. We appreciate your understanding and continued support of Skincare Butik.

Payment. Skincare Butik accepts cash, check, Visa, & MasterCard.

*Prices are subject to change without notice. Times stated are approximate.