

Confidential Skin Health Survey

PLEASE PRINT, Fill out completely & sign.

Last Name _____ Hm Phone _____
 First Name _____ M. I. _____ Wk Phone _____
 Street Address _____ Cell Phone _____
 City _____ State _____ Zip _____ Email Address _____
 Occupation/ Activities _____ Date of Birth ____/____/____ F M
 How did you hear about us? _____
 Name of Dermatologist / Physician _____ Phone _____ Fax _____

1. Is this your first facial treatment? ___ Yes ___ No
2. What is the reason for your visit today? _____
3. Are you presently under a physician's care for any current skin conditions or problems?
___ Yes ___ No
4. Are you pregnant? ___ Yes ___ No
5. Do you smoke? ___ Yes ___ No
6. Do you often experience stress? ___ Yes ___ No
7. Have you had skin cancer? ___ Yes ___ No
8. Are you currently or have you in the past used:
 Azelex ___ Retinol ___ Differin ___ Renova ___
 Retin- A ___ Tazorac ___ Glycolic Acid ___ Salicylic Acid ___
 Accutane ___ If yes, when and for how long? _____
9. Are you presently taking oral or topical medication? ___ Yes ___ No
10. Which best describes your skin type?
 Acnaic, Oily ___ Normal ___ Combination ___ Dry/dehydrated ___
 Sensitive ___
11. Have you ever had chemical peel, laser or microdermabrasion? ___ Yes ___ No
 In the last month ___ Yes ___ No
12. What areas of concern do you have regarding your **SKIN**: (Please check any that apply)
 Breakouts/ acne ___ Uneven skin tone ___ Wrinkles/fine lines ___
 Excessive oil/shine ___ Rosacea ___ Broken capillaries ___
 Redness/ruddiness ___ Dehydrated ___ Sun/liver/brown spots ___
 Flaky skin ___
 Other _____
13. What products do you currently use? Brand: _____
 Cleanser ___ Toner ___ Mask ___ Exfoliate ___ Night cream ___
 Day cream ___ Eye Cream ___ SPF ___
 Other _____
14. Allergies – nut oils, fruits, seaweed, etc _____
15. Have you ever had a Body Spa Treatment before?
 Massage ___ Yes ___ No
 Body Polish ___ Yes ___ No
 Body Wrap ___ Yes ___ No
 Hair and Scalp Treatment ___ Yes ___ No
16. Are you claustrophobic: Towels will be used to remove product ___ Yes ___ No

PLEASE READ, INITIAL EACH LINE AND SIGN BELOW!

I acknowledge that all information provided is complete and accurate. I will notify EMT (Elemental Massage Therapy) of any changes to the information presented on this form. Any changes in my physical condition will be told to treating Esthetician prior to treatment.

I understand that the services offered are not a substitute for medical care and any information provided by the (A)esthetician is for education purposes only and not diagnostically prescriptive in nature. I understand the information herein in to aid the therapist in giving better service and completely confidential.

I have been given or offered and read the privacy/HIPAA information for Elemental Massage Therapy located on the clipboard.

I understand that my Esthetician and/or EMT is not responsible for any allergic reactions that may occur. I understand that I will not get a refund for my services once my facial is over.

I understand that if an allergic reaction may occur, it will be noticed immediately and I will inform my Esthetician of any sensations that could be associated with an allergic reaction. I also understand that there are potential risks with all facials and I take relinquish EMT and my Esthetician of fault once I leave the spa.

I understand that the products that are used here at EMT are Image Skin Care and Ola Hawaiian Body Products. I have also done prior research before my facial session on the products that are used at EMT and I understand the risks.

I have, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

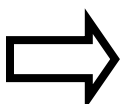
I understand this is a legally binding contract and I will initial each line and sign at the bottom to proceed with my service.

I agree to cancel appointments 24hrs in advance, and call to reschedule ASAP if an emergency arises.

Missed or cancelled appointments without 24hr notice, will be charged fee equal to 100% of cash price of the Session/Service.

I have read and fully understand this agreement and all the information detailed above. I understand the procedure and accept all the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the Esthetician, whose signature appears below, 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 preformed today.

Client Name (printed): _____



Client Signature: _____

Parent / Guardian

Date: _____

Esthetician Signature: _____ Date: _____