

Fabulous Face Spa

Infections	Yes	No	
Lupus	Yes	No	
Menopausal	Yes	No	
Metal Implants	Yes	No	
Pace Maker	Yes	No	
Phlebitis	Yes	No	
Serious Injury	Yes	No	What _____
Sleep problems	Yes	No	
Thyroid	High	Low	Normal
Varicose Veins	Yes	No	
Do you smoke?	Yes	No	
Do you wear contact lenses?	Yes	No	

23. Have you ever had a reaction to
- | | | | |
|-------------------------------------|--------|------------|------|
| Cosmetics | Metals | Medication | Food |
| Fragrance Airborne particles? _____ | | | |
| Other-Please Explain _____ | | | |
24. **FOR WOMEN:** Oral contraceptives? Yes No
 Are you pregnant or trying to get pregnant? Yes No
 Are you taking hormone replacement? Yes No
 Do you experience hormone imbalances? Yes No
25. **FOR MEN:** Do you shave with Electric shaver? Razor?
 Do you experience skin breakouts? Yes No
 Do you have ingrown hair? Yes No

LIFESTYLE & DIET

- | | | | |
|---|------|--------|-------|
| 1. Is your stress level | High | Medium | Low |
| 2. Do you normally sleep well? | Yes | No | |
| 3. Do you regularly exercise? | Yes | No | |
| 4. Do you have food intolerances? | Yes | No | What? |
| Please Explain _____ | | | |
| 5. Do you follow any special diet? | Yes | No | |
| 6. How many glasses of water do you consume daily? _____ | | | |
| 7. How many cups of caffeine-type beverage (coffee, tea, soft drinks) do you consume daily?
1-3 cups 4 or more | | | |
| 8. In our treatment program, it may be necessary to recommend alterations to or additions in your home care regimen; would that be OK with you? | Yes | No | |

Your practitioner will recommend the appropriate schedule for future facial treatments or physician referral in order to achieve your skin improvement goals.

INFORMED CONSENT RELEASE

I _____, do fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care. I understand that the skin care professional will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if deemed necessary. I also am aware that individual results are dependent upon my age, skin condition, and lifestyle. I agree to actively participate in following appointment schedules and home care procedures to the best of my ability, so that I may obtain maximum effectiveness. In the event that I may have additional questions or concerns regarding my treatment or suggested home product routine, I will inform my skin care professional immediately.

I release and hold harmless the skin care professional Donna Campbell, Fabulous Face Spa, and the staff harmless from any liability for adverse reactions that may result from this treatment.

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POLICIES

1. We require 48-hours' notice for cancellations. Cancellation for Monday must be phoned in on the Friday before.
2. If you are not satisfied with your service or products, please contact your skin care professional within 24-hours after your appointment so that the situation may be corrected. It is our policy to provide you with the best professional service and products customized for your skin condition.

I have read and understood all of the foregoing information _____ Date _____
Client Signature

I _____ consent to have pictures taken that may be used for showing progress before and after a course of treatment and upon approval to be used for advertising.

_____ Date _____
Client Signature