



## SKINCARE INTAKE FORM

Client Name \_\_\_\_\_  
Last First Middle Initial

Client address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Would you like to receive the Spa's special offers by email? \_\_\_ Yes \_\_\_ No

Telephone: cell(\_\_\_\_\_) \_\_\_\_\_ Text Opt-In? \_\_\_ Yes \_\_\_ No

Birthday \_\_\_\_\_ Current Age \_\_\_\_\_

Emergency Contact Name and Cell Number: \_\_\_\_\_

THE FOLLOWING INFORMATION WILL BE USED TO HELP PLAN SAFE & EFFECTIVE FACIAL SESSIONS EACH TIME YOU VISIT US. Your Personal Information is for Foundation Skincare By Michelle, LLC use only and will not be shared by any person or entity outside Foundation Skincare By Michelle, LLC. IT IS IMPORTANT YOU ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND HONESTLY. THANK YOU.

### YOUR HEALTH

Within the last year, have you been under a Dermatologist or Physicians care/surgeries? \_\_\_Y\_\_\_N

If yes, please specify \_\_\_\_\_

List any medications, supplements, vitamins, diuretics, slimming tablets, etc. that you take regularly \_\_\_\_\_

Do you smoke? \_\_\_Y\_\_\_N Do you wear contact lenses? \_\_\_Y\_\_\_N

Do you have metal implants, a pacemaker, or body piercings (including ears)? \_\_\_Y\_\_\_N

**Please understand full disclosure of any communicable health condition (i.e., cold, flu, conjunctivitis) is necessary to keep you and our staff healthy. If any of these conditions are present, we will kindly ask you to reschedule your appointment.**

### YOUR SKIN

What are your skin care goals today? \_\_\_\_\_

Do you have any skin problems pertaining to your face or body? \_\_\_Y\_\_\_N

If yes, please specify \_\_\_\_\_

What skin care products are you currently using? \_\_\_soaps \_\_\_cleansers \_\_\_toners \_\_\_moisturizers \_\_\_masques \_\_\_exfoliating scrubs \_\_\_eye treatments

What product lines? \_\_\_\_\_

Have you ever had chemical peels, microdermabrasion, or any resurfacing treatments? \_\_\_Y\_\_\_N

Do you use Accutane, Retin A, Renova, or any other prescription skin products? \_\_\_Y\_\_\_N



Are you currently using any products that contain the following ingredients? \_\_glycolic acid \_\_lactic acid \_\_  
exfoliating scrubs \_\_any hydroxyl acid product \_\_vitamin A derivatives

How much water do you consume daily? \_\_\_\_\_ Do you burn easily in moderate sunlight? \_\_Y\_\_N

Do you ever experience these conditions on your skin? \_\_flakiness \_\_tightness \_\_extreme dryness \_\_excessive oil  
\_\_\_\_ other\_\_\_\_\_

Have you ever experienced claustrophobia? \_\_Y\_\_N

Have you ever had a **reaction** or have **allergies** to any of the following? (Please be specific if any apply to you)  
\_\_sunscreens \_\_cosmetics \_\_ medicine \_\_food \_\_ hydroxyl acids \_\_animals \_\_ fragrance \_\_  
other\_\_\_\_\_

### FEMALE CLIENTS ONLY

Are you taking oral contraception? \_\_Y\_\_N

Are you pregnant? \_\_Y\_\_N

Clients under the age of 17 must have a parent or legal guardian present to provide a signature for authorization of this facial session and payment. It is my choice to receive spa treatments. I realize that the treatment is being given for the well being of my body and mind. I agree to communicate with my service provider any time I feel as though my well-being is being compromised. I understand that the service providers do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, or pharmaceuticals. I acknowledge that spa services are not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary Health Care provider for that service. I have stated all medial conditions that I am aware of, and will update the service provider of any changes in my health status. I understand that all employees/owners of Foundation Skincare By Michelle, LLC are licensed professionals, and that by law they have the right to refuse service on any clients at any time, if they feel as though their well-being is compromised.

I understand and voluntarily accept the risks associated with the facial and/or any other services, including but not limited to: Facials, Massage Techniques, Microdermabrasion, Facial Equipment, ETC. Or the use of any of the location's facilities. Except where prohibited by law; I acknowledge and voluntarily assume the risk of injury, accident or death, which may arise from the use of any facial equipment, event or activity. I agree Foundation Skincare By Michelle, LLC will not be liable for death or any injury, including without limitation, personal, bodily or mental injury, economic loss or damage to me resulting from negligence, other acts in Foundation Skincare By Michelle, LLC spa, anyone acting on Foundation Skincare By Michelle, LLC's behalf, or anyone using the services of the facilities of Foundation Skincare By Michelle, LLC, to the fullest extent permitted by law. This agreement, together with Foundation Skincare By Michelle, LLC's wellness plan rules and regulations, constitute the entire agreement between you and us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release Foundation Skincare By Michelle, LLC from all claims or liabilities for death, personal injury or property loss or damages of any kind sustained while on the premises, during the use of any facial equipment and/or from any advice or services provided by an employee, independent contractor or any representative of Foundation Skincare By Michelle, LLC. I agree that this application and waive is in effect for all facials and/or any other service, and will not expire unless specifically requested by either party.

I understand there is an Exchange/Return Policy listed on website. I also understand I am consenting to the use of any photographs, etc. for entity's sole purpose be it print, television, social media, etc. \_\_\_\_\_ **Please Initial**

I understand that Foundation Skincare By Michelle, LLC is a tranquil and professional environment and that any inappropriate behavior may result in termination of my services and full payment is expect at time of service. By signing this form, I agree to the above terms and release Foundation Skincare By Michelle, LLC and it's employees/owners from any liability.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Esthetician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):** This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent/Guardian if Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

### FOR SPA USE ONLY

Client/Treatment Notes & Recommendation(s):  
\_\_\_\_\_  
\_\_\_\_\_

Esthetician Initials: \_\_\_\_\_ Date: \_\_\_\_\_