



Facial Skin Care Intake

Client Name:

Birthdate:

Email

How did you hear about the office?

By completing this client profile, you will assist us in evaluating your skin condition. The information you provide will be used to determine what factors may be affecting your skin so that we may recommend the proper care.

What has brought you in today and your specific concerns about your skin?
Color__ Texture__ Freckles__ Wrinkles__ Eye Area__ Firmness__ Capillaries__ Plumpness__
Smoothness__ Neck Area__ Chest/Decollete`__ Blackheads__ Breakouts__ Acne__ Premature Aging__
Dryness__ Pore Size__ Congestion__ Scarring__ Tendency to Keloid Scar__

How long have you noticed this condition? Is this ongoing or a temporary condition?

Have you ever experienced a professional facial?

If so when was your last facial?

What are your expectations for your facial?

Have you ever had a reaction after a facial?

Age Group: Under30 30-40 40-50 50-60 60+ ?

How do you rate your stress level?

Are you being treated by a Physician or Dermatologist for a medical condition? If so what for?

Please list medications that you take regularly include hormones and vitamins?

Please check any of the following health conditions which you have had or are now experiencing:

Asthma__ Cancer__ Claustrophobia__ Epilepsy__ High/Low Blood Pressure__ Hepatitis__
Heart Problems__ Hormonal Disorders__ Hypoglycemia__ Lack of normal skin sensation__

Microspa

703 3rd Avenue Suite B Longmont 80501 720-891-3446
Microspa is a DBA company of Tranquil Lotus Massage LLC

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Muscular Conditions__ Multiple Sclerosis__ Metal Implants or screws__ Pace Maker__
Pregnancy or post Pregnancy__ Recent Surgery__ Recent Illness__ Dermal Fillers__ Botox__
Smoking__ Sugar Diabetes__ Thrombosis or Phlebitis__ Thyroid Disorders__ Whiplash__
Autoimmune Disease__

Do you have any allergy or sensitivities to skin body topical products, oils or lotions that you are aware of?

Do you have any other medical condition or comments you would like us to be aware of?

Please describe in detail your home care skin products:

Have your products achieved the results you are wanting?

Do you use sunscreen daily?

Do you reapply sunscreen throughout the day?

Within the last month have you taken any of the following?

Retin A__ Antibiotics __ Diuretics__ Accutane__

Have you had any Botox or Fillers? If so when

Please read and Initial the following information:

Caution Microneedling, Facial Peel, and applications are not to be performed if any of the following conditions/contraindications exist: Severe health conditions and contagious disease, any drug causing sun sensitivity (Tetracycline) any drug of application causing thinning of skin (Retin-A or Accutane) blood transmitted diseases (HIV, Hepatitis or Herpes) Hemophilia, or if the conditions are unknown to you consult a physician. _____

Caution Light Rejuvenation applications are not to be performed if any of the following conditions/contraindications exist: Severe health conditions, Hyper sensitivity to light or “photo allergy” tendency towards photo-toxic reactions, taking of photo-sensitizing or photo-toxic medication, cancer epilepsy, pregnancy, or if the conditions are unknown to you consult a physician. _____

I certify that the above statements are correct and that I _____, having been advised and fully informed Vanessa Owner Practitioner of Microspa (Dba of Tranquil Lotus Massage LLC) of what I am having services performed on me. My signature below constitutes acknowledgment that 1) I have read, understand and fully agree to the foregoing 2) Give consent to the proposed treatment that has



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been satisfactorily explained to me and I have all the information that I desire 3) I hereby give my consent and authorization voluntarily and release the establishment and its agents of any claims I have or may have in the future in connection with the described application/facial/treatment.

This is to inform you that at Microspa our policy is to charge for missed or forgotten appointments without twenty-four hours' notice. The charge will be placed on the credit card that the appointment was held with or billed to the client directly you will not be able to book another appointment until the missed or forgotten appointment has been paid for. If you arrive late for your scheduled appointment your massage will end at its scheduled time. This is to respect the time of you, the people whom are scheduled after you, and the staff of Microspa.

The rates for scheduled missed appointments without twenty-four hour notice are as follows:

Half-hour - \$25.00

One-hour - \$40.00

One & 1/2 hour - \$55.00

Signature:

Date