

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year



## Client Consultation / Consent Form – Facials

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**Please answer the following questions so that we may have a better understanding of your general health and lifestyle, thereby enabling us to accurately analyze and assess your skin care needs.**

Describe your skin type: *(Check all that apply)*

- ☐ Normal ☐ Dry ☐ Rosacea ☐ Oily ☐ Acne  
☐ Combination ☐ Mature ☐ Unsure

Are you currently using any of the following?

*(Check all that apply and date of last usage)*

- ☐ Accutane \_\_\_\_\_  
☐ Retinoid / Retin A \_\_\_\_\_  
☐ Differin \_\_\_\_\_  
☐ Glycolic / AHA \_\_\_\_\_

Please list any allergic reactions you may have to any skin product or cosmetic.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skin care products are you currently using?

*(Check all that apply)*

- ☐ Cleanser ☐ Toner ☐ Moisturizer ☐ Serum ☐ Mask  
☐ Exfoliator ☐ Eye Product

Do you use sunscreen/sun block daily? ☐ No ☐ Yes

Do you use: ☐ Spray tan or self-tanning lotion ☐ Tanning beds or Sun tan

Are you exposed to the sun regularly? ☐ No ☐ Yes

Do you smoke? ☐ No ☐ Yes

Are you claustrophobic? ☐ No ☐ Yes

Please list any allergies you may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you take on a regular basis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently taking birth control pills? ☐ No ☐ Yes

Are you pregnant? ☐ No ☐ Yes

Are you presently under a physician's care for any reason? ☐ No ☐ Yes.  
*Explain,*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you develop cold sores/fever blisters?

☐ No ☐ Yes, *last outbreak:* \_\_\_\_\_

Have you ever been treated with any medications for cold sores/fever blisters?

☐ No ☐ Yes. *When?* \_\_\_\_\_

Are you HIV positive, have AIDS or any similar condition? ☐ No ☐ Yes

Is there any other information we should be aware of before beginning your treatment?

\_\_\_\_\_  
\_\_\_\_\_

## Facial Care Information

### *Before your appointment*

- One week prior to appointment, discontinue use of any strong at-home facial treatments and any exfoliation treatments a few days prior.
- Avoid spray tan or sun tanning and heavy sun exposure five days before your facial.
- Do not wax at least 48 hours before your facial. This could lead to skin irritation.
- No open sores or wounds.
- Do not get laser treatments a week before your appointment.
- Wait at least 2 weeks after injections to get a facial.
- Wear clothing that is comfortable.

### *Aftercare Instructions*

- Avoid direct sun light. Wear broad spectrum SPF of 30 or higher.
- Avoid heavy sweating, exercising, sauna, ect., atleast 24 hours after your facial.
- Avoid exfoliating for 48 hours.
- Do not touch your face.
- Avoid wearing make up for the rest of the day.
- Stay hydrated! Drink plenty of water.
- Be gentle with to your skin.

\_\_\_\_\_ I have read and understand the home care instructions that can help minimize or eliminate possible negative reactions. If I have any questions and/or concerns related to the service or treatment care, I will consult my esthetician and Wonder Spa immediately.

### **Consent Form:**

I, \_\_\_\_\_, represent to Wonder Spa that I am at least 18 years old, or accompanied by a legal guardian. I have read and fully understand the information filled out above. I have accurately answered the questions above, providing all known allergies or prescription drugs/products I am currently ingesting or using topically, to the best of my knowledge. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from the treatment. I am aware that it is my responsibility to inform the esthetician and Wonder Spa of my current medical or health conditions and to update this history. If I have any concerns, I will address these with my esthetician. I give permission to my esthetician and Wonder Spa to perform the treatment we have discussed and will not hold the esthetician and Wonder Spa from any liability that may result from this treatment. I understand my esthetician and Wonder Spa will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the esthetician immediately. The treatment I receive here is voluntary and I release this esthetician and Wonder Spa from liability and assume full responsibility thereof.

By signing this agreement, I verify that I have read and fully understand the above statements and agree to them. I understand that there are no guarantees or refunds as to the results of this service. I hereby agree to all of the above and grant my permission to have this treatment performed on me. I consent to the treatment performed by Wonder Spa and will be financially responsible for any charges incurred at Wonder Spa.

**Date** \_\_\_\_\_

**Guest's Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

Please be advised while visiting with us, Wonder Spa will not be responsible or liable for any lost/ misplaced items.

**Consent to Treat a Minor:** By my signature below, I hereby authorize Wonder Spa to administer skin care services to my child or dependent as the esthetician deems necessary.

**Date** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_