

SWEET REVENGE...on aging skin! CLIENT INTAKE FORM
3838 W. 111TH ST CHICAGO, IL. 60655 UNIT 106

Name: First _____ Last _____

Birthdate ___/___/___

Street: _____

City, State _____ Zip _____

E-Mail Address: _____

Phone: (Cell) _____ (Home) _____

Your occupation: _____

Referred by: Friend (name) _____

Gift Certificate (number) _____ Mailer _____ Other _____

1. Is this your first facial? Yes _____ No _____

2. Is this your first Body Treatment? Yes _____ No _____

3. What is the reason for your visit today, what are your skin concerns?

4. What special areas of concern do you have? _____

5. Are you presently under a physician's care for any current skin condition or other problems? Yes _____ No _____ If yes, for what? _____

6. Do you wear contact lenses? Yes _____ No _____

7. Do you smoke? Yes _____ No _____

8. Are you allergic to latex or vinyl? Yes _____ No _____

9. Have you ever had skin cancer? Yes _____ No _____

10. Have you used the following topical medications within the last 2 weeks?

Azlex _____ Differin _____ Renova _____ Retin-A _____

Tazarac _____ Glycolic or Alpha Hydroxy Acids _____ Other _____

11. Are you now using or have you ever used Accutane? Yes _____ No _____

If yes, when and for how long? _____

12. Do you have acne? Yes _____ No _____

Experience frequent blemishes? Yes _____ No _____

13. Do you have any allergies to cosmetics, foods or drugs, aspirin? Yes ___ No ___

If yes, please list _____

14. Are you presently taking medications, oral or topical? Yes ___ No ___

If yes, please list all medications: _____

15. What products do you presently use?

Soap___ Facial Cleanser___ Toner___ Sunscreen___

Scrub___ Mask___ Creams___ Serums___

16. Please circle if you are affected by any of the following:

Asthma Cancer Cardiac problems Eczema Fever Blisters

Headaches (Chronic) Hepatitis Herpes 1or 2 High Blood Pressure

Immune Disorders Lupus Metal Pins/Plates Pacemaker

Skin Disease/other Sinus Problems Urinary or kidney problems

Please explain above problems or list any significant others: _____

17. Do you sun bathe or use tanning beds? Yes ___ No ___

Have you used within the last two weeks? Yes ___ No ___

18. Are you claustrophobic? Yes ___ No ___

19. Do you receive Botox or Fillers? Yes ___ No ___

If so, when was your last injection? _____

20. Have you had any recent facial procedures? (Micro needling, Fractional,

Dermaplanning, Peels, Microdermabrasion, etc?) Yes ___ No ___ If so, when? _____

21. Are you pregnant or planning to be? Yes ___ No ___

I understand the services offered are not a substitute for medical care and any information provided by the therapist is for educational purposes only and not diagnostically prescriptive in nature.

I fully understand and agree with all of the above:

Client Signature/Guardian _____ Date _____

Policy

I agree that all of the information provided by me is true and correct to the best of my knowledge. I understand that some skin conditions may require more than one treatment, in addition to home care products to receive the desired results. Results can not be guaranteed due to individual age, lifestyle, skin type and conditions.

For all resurfacing/retexturizing treatments, including Chemical Exfoliation, Microdermabrasion, CIT-A, you may experience some temporary redness, stinging, tingling, or warm flushing. During the next few hours, you may experience some tightening of skin which may last for several days. A light flaking may begin in 48hrs and may or may not last for several days, it is impossible to pre-determine how much peeling will occur. Lack of flaking or peeling is NOT an indication that the treatment is unsuccessful. If you do notice actual peeling or flaking, you are still experiencing all of the benefits of your treatment such as improved skin tone, texture and reduction of fine lines and hyperpigmentation. There are a number of reasons why some people may not experience peeling such as severe sun damage, having peels regularly with short intervals, and frequent use of Retin-A, Retinol, or other AHA's. Individuals with sensitive skin, open sores (including active Herpes Simplex), inflammatory Rosacea, or skin rashes should not have resurfacing treatments. All skin types, especially medium to darker color skin or with high levels of melanin, are prone to hyperpigmentation (areas of discoloration or uneven color). It is recommended a brightening/lightening product or treatment to reduce unwanted pigmentation. In addition, any use of tanning beds, waxing services, Retin-A, Retinol or other AHA's should be avoided for 1 week pre and post treatment, and you should avoid any excess sweating, hot showers, saunas, extreme exercise or any activity that will raise your body temperature for at least 3 days post treatment. The skin may have an increased sensitivity to sun exposure, and you agree to wear a moisturizer with an SPF30 (the minimum) on ALL areas treated for at least 5 days post treatment, regardless of climate. Accutane patients should discontinue therapy for a minimum of 12 months prior to treatments. Please check contraindications/risks for the nature and effects of treatments.

I also agree to hold harmless and fully discharge and release forever and all time the director, employees, staff members, agents, contractors, successors and assign of Sweet Revenge...on aging skin! from any cost, expenses, or other liability whatsoever, including but not limited to attorney's fees, compensatory, punitive, exemplary, consequential and other special damages of any kind whatsoever, resulting from the service I voluntarily chosen to undergo and any condition or result, known or unknown, that may arise as a result of such procedure or any other treatment I receive. I understand that I must inform the Esthetician or Technicians performing my services of any changes to my skin and health prior to receiving any additional services/treatment in the future. As of May 31, 2020, I am of lawful age (18) and have read and fully understand the contents of this document and represent myself as physically capable of using the service offered by Sweet Revenge...on aging skin!

By signing this document, I agree that I have had sufficient time to read this entire document and ask any questions regarding the treatment I have elected to receive. Furthermore, my signature indicates that I have read and understand the information in the consent, and I understand all of the risks and potential complications connected to the superficial procedure I have elected to undergo. I understand that the results of the treatment varies on an individual basis and that specific results are not guaranteed. I understand that while every precaution will be taken to prevent complications and that while complications from the procedure are rare, they can and sometimes do occur.

Additional Cancellation Policy: *If you cancel the same day, no show (fail to show up for your appointment), your credit card that you provided to make the reservation will be charged for the appropriate amount of the service and you will be required to pre-pay for any future appointments. By signing this document, you agree to and understand this cancellation policy and forfeit any right to dispute/reverse or otherwise deny a credit card transaction.*

Gift Cards/Certificates/Packages:

All eGift Cards/Gift Certificates and Packages for all services are non-refundable regardless if they were purchased online or in-house.

I fully understand and agree with all of the above:

Client Signature/Guardian _____ **Date** _____