Skin Care Treatment Client Information & Consent Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Birthdate: _____ Occupation: _____

How did you hear about Spa Western? _____

Emergency Contact (Name, Relationship, Phone Number): _____

_____

What would you like to achieve from your skin care treatment today? _____

_____

What were your favorite things about past skin care treatments? _____

_____

What are your least favorite things about past skin care treatments? _____

_____

Spa Western Skin Care Treatment Guidelines

Your skin care therapist will need an updated list of medications, supplements, allergies and sensitivities, as well as any relevant medical history changes since your initial consultation in order to ensure you receive the best treatment. Any changes to this list without the skin therapist being aware can affect how your skin reacts to treatments and your home care.

Your skin care therapist will adjust your home care routine on a regular basis to keep your skin progress moving forward. If your home care routine is not changed often enough, your skin will adapt to the regimen and stop responding. In other words, you won't progress and reach your goals.

Due to expensive spa equipment and skin care products in our treatment rooms that can be dangerous to children, we ask you make arrangements for your children during your service. We have childcare available for members & spa guests who want to utilize spa services. Please call at least 24 hours in advance to reserve your child's spot in our childcare.

If you are more than 15 minutes late for your appointment, your skin care therapist does not guarantee you will be seen. If you do not show up for you appointment on multiple occasions, the skin care therapist has the right to charge you for your scheduled service.

Please leave your cell phone on silent or turned off during treatment so it is not a distraction to you or your skin care therapist. If your phone must be on for a specific reason, please let your skin care therapist know at the beginning of the treatment.

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Skin Care History

Have you ever received the following skin care treatments before?

Facial Treatment ☐ Yes ☐ No When? _____

Chemical Peel ☐ Yes ☐ No When? _____

Dermaplaning ☐ Yes ☐ No When? _____

Body Treatment ☐ Yes ☐ No When? _____

Which of the following most closely describes your skin type? Please check the box that describes you.

☐	1. Creamy Complexion	Always burns easily, never tans
☐	2. Light Complexion	Always burns, may tan slightly
☐	3. Light/Matte Complexion	Burns moderately, tans gradually
☐	4. Matte Complexion	Seldom burns, always tans well
☐	5. Brown Complexion	Rarely burns, deep tan
☐	6. Black Complexion	Never burns, deeply pigmented

Please circle any areas of concern you have regarding your skin:

☐ Breakouts/Acne	☐ Blackheads/Whiteheads	☐ Excessive oil/shine
☐ Rosacea	☐ Broken capillaries	☐ Redness/Ruddiness
☐ Sun spots/Brown spots	☐ Uneven skin tone	☐ Sun damage
☐ Wrinkles	☐ Dull/Dry skin	☐ Flaky skin
☐ Dehydrated skin	☐ Sensitive/Sensitized skin	☐ Fine lines
☐ Dark circles	☐ Puffiness	

Please check the box if you have or have had any of these health conditions:

- ☐ Anemia
- ☐ Any active infection
- ☐ Arthritis
- ☐ Asthma
- ☐ Blood clotting abnormalities
- ☐ Blood transfusion
- ☐ Cancer
- ☐ Diabetes
- ☐ Eczema
- ☐ Epilepsy
- ☐ Fever Blisters
- ☐ Frequent cold sores
- ☐ Glaucoma
- ☐ Headaches (chronic)
- ☐ Heart problems
- ☐ Hepatitis
- ☐ Herpes
- ☐ High blood pressure
- ☐ Immune disorders
- ☐ Insomnia
- ☐ Jaundice
- ☐ Keloid scarring
- ☐ Lupus
- ☐ Metal bone pins or plates
- ☐ Phlebitis, blood clots, poor circulation
- ☐ Psycholgical treatment
- ☐ Rheumatic fever
- ☐ Seizure disorder
- ☐ Skin diseases
- ☐ Skin lesions
- ☐ Spinal injury
- ☐ Systemic disease
- ☐ Thyroid condition
- ☐ Varicose veins

Other active dermatological disorders: _____

_____

Do you smoke? ☐ Yes ☐ No

Do you follow a restricted diet? ☐ Yes ☐ No Explain: _____

List your daily consumption of: _____ Water _____ Caffeine _____ Alcohol

Do you follow a regular exercise program? ☐ Yes ☐ No

What is your stress level? ☐ High ☐ Medium ☐ Low

Do you experience any sleeping problems? ☐ Yes ☐ No

How many hours do you typically sleep each night? _____

Do you wear contact lenses? ☐ Yes ☐ No

Do you have any metal implants or use a pacemaker? ☐ Yes ☐ No

Have you experienced claustrophobia? ☐ Yes ☐ No

Do you suffer from sinus problems? ☐ Yes ☐ No

List any over the counter medications (including vitamins, herbal supplements, aspirin, etc.) you take regularly:

_____

_____

_____

Are you taking any hormonal contraceptives? ☐ Yes ☐ No

Are you pregnant or trying to become pregnant? ☐ Yes ☐ No

Are you experiencing any problems related to menopause? ☐ Yes ☐ No

Are you undergoing any hormone replacement therapy? ☐ Yes ☐ No

I understand, have read and completed this questionnaire truthfully. I understand that withholding information from my skin care therapist may result in contraindications or skin irritation from treatments received at Spa Western. The skin care treatments I receive at Spa Western are voluntary and I release Spa Western and their employees from liability and assume full responsibility thereof.

_____	_____	_____
Printed Name	*Signature*	*Date*

For guests unders the age of 18:

As the parent or legal guardian of _____ (minor's name), I give permission for her/him to have spa services performed at Spa Western. I confirm that I have read and understand all information on the applicable forms for this treatment or service, and accept responsibility on my child's behalf for any disclosures or liabilities described on these forms. I agree to supervise any home care procedures that are recommended as a result of the treatment.

_____	_____	_____	_____
Full name of parent or guardian	*Signature of parent or guardian*	*Signature of Skin Care Therapist*	*Date*

_____

Signature of WRFC employee
(f Skin Care Therapist is not available)

This form must be signed in person by the parent or guardian at the time of the service or before the service, witnessed by the skin care therapist or another Western Racquet and Fitness Club employee.