Student Clinical Esthetic Skin Care Service
Confidential Client Health History Form

Name: ______________________________ Date of Birth: ______________

Address: ____

City: ______________________________ State: ________ Zip: ______________

Phone- Mobile: ________________ If you do not wish to receive reminder and confirmation texts, check here. ☐ Home: ________________

Email Address: ______________________________ If you do not wish to receive reminder and confirmation emails, check here. ☐

Gender (male or female): ____________ Referred by: ______________________

Occupation: ______________________________ Do you wear contact lenses? ☐ No ☐ Yes

Physician: ______________________________ Phone: ________________

Emergency Contact: ______________________________ Phone: ________________

What would you like to achieve in your treatment today? ______________________________

____

YOUR SKIN CARE

1. Have you ever had a facial treatment before? ☐ No ☐ Yes, when? ______________________
2. Have you ever had chemical peels, laser or microdermabrasion? ☐ No ☐ Yes In the last month? ☐ No ☐ Yes
3. Which of the following best describes your skin type? (Please circle one type number)
   - I. Creamy Complexion — Always burns easily, never tans
   - II. Light Complexion — Always burns, tans slightly
   - III. Light/Matte Complexion — Burns moderately, tans gradually
   - IV. Matte Complexion — Seldom burns, always tans well
   - V. Brown Complexion — Rarely burns, deep tan
   - VI. Dark Brown Complexion — Rarely burns, deeply pigmented
4. Do you use Retin-A, Renova, Adapalene, Differin, Glycolic Acid, Alpha Hydroxy Acid (AHA), Salicylic Acid, or Retinol/vitamin A derivative products? ☐ No ☐ Yes, specify ______________________

   ____
5. Have you used any of the above products in the last three months? ☐ No ☐ Yes
6. Have you experienced Botox, Restylane or Collagen injections? ☐ No ☐ Yes, specify ________________

   ____
7. Have you used an acne medication? ☐ No ☐ Yes, when? ____________Which drug? ____________
8. Are you using any skin-thinning products and/or drugs? ☐ No ☐ Yes, specify ________________
9. Do you form thick or raised scars from cuts or burns? ☐ No ☐ Yes
10. Do you have hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin) or marks after physical trauma? ☐ No ☐ Yes, specify ______________________
11. Have you used any of the following hair removal methods in the past six weeks?

    ☐ Shaving ☐ Waxing ☐ Electrolysis ☐ Plucking ☐ Tweezing ☐ Stringing/Threading ☐ Depilatories
12. What skin care products are you currently using? (List brand where known)

    ☐ Soap/Shower gel ________________ ☐ Body lotion ________________
    ☐ Toner ________________ ☐ Sunscreen/SPF ________________
    ☐ Mask ________________ ☐ Day moisturizer ________________
    ☐ Eye product ________________ ☐ Night moisturizer/cream ________________
    ☐ Cleanser ________________ ☐ Make up products ________________
    ☐ Other ________________ ________________
13. Have you recently used any self-tanning lotions, creams or treatments? ☐ No ☐ Yes, specify ____________
14. How often are you exposed to the sun or use a tanning bed? ☐ Infrequently ☐ Occasionally ☐ Weekly ☐ Daily
15. What SPF do you use on your face and body? Face _____ Body_____ How often/when? ____________

(Continued on Page 2)

16. What areas of concern do you have regarding your: (Please check any that apply and explain)
    - Skin:
      ☐ Breakouts/Acne ____________ ☐ Uneven skin tone ____________
      ☐ Blackheads/whiteheads ____________ ☐ Sun damage ____________
      ☐ Excessive oil/shine ____________ ☐ Wrinkles/fine lines ____________
      ☐ Rosacea ____________ ☐ Dull/dry skin ____________
      ☐ Broken capillaries ____________ ☐ Flaky skin ____________
      ☐ Redness/ruddiness ____________ ☐ Dehydrated ____________
      ☐ Sun/liver/brown spots ____________ ☐ Other ____________
    - Eyes:
      ☐ Dehydrated ☐ Wrinkles ☐ Puffiness ☐ Dark circles ☐ Other ____________
    - Lips:
      ☐ Dehydrated ☐ Cracked/Chapped ☐ Other:____________
17. Do you have any special skin problems or concerns pertaining to your face or body not mentioned above? ☐ No ☐ Yes, specify ____________
18. Have you ever had an allergic reaction to any of the following such as rash, irritation, peeling, sun sensitivity, or breakout? (Please check all that apply and explain)
    ☐ Cosmetics ____________ ☐ AHAs ____________
    ☐ Medicine ____________ ☐ Fragrance ____________
    ☐ Food ____________ ☐ Shellfish ____________
    ☐ Animals ____________ ☐ Latex ____________
    ☐ Sunscreens ____________ ☐ Drugs ____________
    ☐ Iodine ____________ ☐ Other ____________
    ☐ Pollen ____________

Female Clients Only:

19. Are you on any form of contraceptives? ☐ No ☐ Yes, specify ____________
20. Any recent changes to or from your contraceptive treatment? ☐ No ☐ Yes, what and when? ____________
21. Are you pregnant or trying to become pregnant? ☐ No ☐ Yes
22. Are you lactating? ☐ No ☐ Yes
23. Any menopause problems? ☐ No ☐ Yes, specify ____________
24. Are you undergoing any hormone replacement therapy? ☐ No ☐ Yes, specify ____________
25. When is your next menstrual cycle due to begin? ____________ (WAXING NOTE: Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

Male Clients Only:

26. What is your current shaving system? ☐ Wet Shave ☐ Electric
27. Do you experience irritation from shaving? ☐ No ☐ Yes Ingrown hairs? ☐ No ☐ Yes

YOUR HEALTH

Because esthetics/skin care services should not be performed under certain medical conditions/symptoms, a referral from the client's medical provider may be necessary prior to service being rendered.

28. Have you been under the care of a physician, dermatologist or other medical professional within the past year? ☐ No ☐ Yes, specify ____________
29. Any recent surgery, including cosmetic surgery? ☐ No ☐ Yes, specify ____________
30. Have you had any piercings, tattoos, or permanent cosmetics? ☐ No ☐ Yes, where on your person? ____________
31. Do you have any metal implants, bone pins or plates, or wear a pacemaker? ☐ No ☐ Yes, specify ____________
32. Has your physician discussed concerns about raising your body temperature? ☐ No ☐ Yes, specify ____________

(Continued on Page 3)

33. Have you had any of these health conditions in the past or presently? (Please check all that apply and explain in space provided below.)

☐ Lupus	☐ Heart problem	☐ Systemic disease
☐ Spinal problem/injury	☐ Phlebitis, blood clots, poor circulation	☐ Cancer/Tumor
☐ Migraines/Headaches (chronic)	☐ Blood clotting abnormalities	☐ Lack of sensation
☐ Asthma/Emphysema	☐ High/Low blood pressure	☐ Sprain/Fracture
☐ Respiratory allegories	☐ Bruise easily	☐ Moles/Skin tags
☐ Sinus problems	☐ Varicose veins	☐ Keloid scarring
☐ Herpes, simplex	☐ Hormone imbalance	☐ Skin disease/lesion
☐ Herpes, genital	☐ Hysterectomy	☐ Dermatitis
☐ Frequent cold sores	☐ Thyroid condition	☐ Psoriasis
☐ Fever blisters	☐ Diabetes	☐ Eczema
☐ Hepatitis	☐ Arthritis	☐ Seborrhea
☐ HIV/AIDS	☐ Epilepsy/Seizure disorder	☐ Any active infection
☐ Immune disorder	☐ Mental health disorders	☐ Other illness/condition

34. Do you smoke? ☐ No ☐ Yes, specify ____________________
35. Do you follow a restricted diet? ☐ No ☐ Yes, specify ____________________
36. List your daily consumption of: Water __________ Caffeine __________ Alcohol __________
37. Have you ever experienced claustrophobia? ☐ No ☐ Yes
38. Are you currently taking medications including over the counter drugs/herbal supplements? ☐ No ☐ Yes, specify ____________

____
____
____
____

Please use this space to complete any answers where space was insufficient. (Please include the number of the question.) _________

____
____
____
____
____
____

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED.

I understand that the service will be provided by a **STUDENT** of esthetics/skin care and that the practitioner is not yet as proficient, experienced, or trained in all of the techniques a registered facial specialist would be expected to know. If I experience any pain or discomfort during any session, I will immediately inform the practitioner so that adjustments can be made to my level of comfort.

Because esthetic/skin care services should not be performed under certain medical conditions/symptoms, I affirm that I have stated all my known medical condition/symptoms and answered all questions honestly. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosure. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from services received. I understand that a referral from my medical provider may be necessary prior to service being rendered. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I understand that esthetic/skin care practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I understand that there is no implied or stated guarantee of success or effectiveness of services. The treatments I receive here are voluntary and I release this institution and/or practitioner from liability and assume full responsibility thereof.

Signature of Client: ______________________________ Date: ____________________

Printed Name of Client: ______________________________

Consent to the treatment of a minor: By my signature below, I hereby authorize the practitioner to administer an esthetic/skin care treatment to my child or dependent as they deem necessary. (Must be signed in person.)

Signature of Parent or Guardian: ______________________________ Date: ____________________

Printed Name of Parent or Guardian: ______________________________

(Continued on Page 4)

Service Appointment Policies

In an effort to make each visit with us excellent we have the following policies in place:

1. We do our best to accommodate student requests. However, if a requested student is absent, your appointment will be scheduled with another student therapist of the same gender.
2. Appointment changes and cancellations are welcome, provided a 2-hour notice is given, to avoid being charged the full service price. This includes changes in services requested.
3. If you are late for your scheduled appointment, you have two options as a valued client:
    a. Your student therapist can still provide your service, however, you may not receive the entire service you were scheduled for. Together you will determine what portion of your service you may not have time to complete. However, you will be charged for your full scheduled appointment.
    b. We can reschedule your appointment, however, we may ask you to prepay for future appointments.
4. If a client does not show up for a scheduled appointment and has not cancelled the appointment with at least 2 hours' notice, we will not be able to hold any future appointments for that client, unless they pay in advance for their next appointment.
5. Clients that prepay for an appointment and do not show up or cancel with less than two hours' notice will forfeit payment.
6. As a courtesy to other clients, mobile devices, pets, children and other guests are not permitted during your service. (Special needs considerations made.)

I have read these policies, understand, and agree to abide by them.

Signature of Client: ____ Date: ____________________________

Printed Name of Client: ____

Thank you for your business and the opportunity to serve you. Did you know that your paid services help our students graduate debt free? It's true! And it's all thanks to you! If you are happy with your service, please tell a friend. If you are not, tell us. We are committed to making it right.