

GODDESS AESTHETIC

NEW CLIENT INTAKE FORM

The following information is essential to optimize the results of your service:

Date of last facial: _____ Treatment type: _____

Are you currently taking any medications? Yes No

Please check all that apply:

Accutune Differin Retin-A
Renova Tazorac Clindamycin
Benzoyl peroxide Antibiotics (oral or topical) None

Do you have any allergies to ingredients, medications or foods? Yes No

If yes, please list all allergies:

Are you pregnant or breastfeeding? Yes No

Are you planning a pregnancy in the near future? Yes No

Do you smoke? Yes No

If yes above, how much stick(s) a day? _____

Any tattoos or permanent makeup? Yes No

If yes to above, where? _____

Do you wear sunscreen? Yes No

How many hours do you spend time in the sun? _____

How much water do you drink daily? _____ What is your skin type? _____

Do you have a skincare regimen that you use daily? Yes, but only when I remember No, I don't have time

If yes, what brand/line? _____

What ares of concern do you have regarding your skin?

Please check all that apply:

Uneven skin tone/texture Sun damage Brown spots
 Dehydrated Redness Enlarged pores
 Fine lines Clogged Pores Oiliness
 Wrinkles blackheads/whiteheads dull/dry skin
 Broken capillaries Other: _____

Please take a moment to carefully read the following list of conditions and check any that have affected your health either past or present:

Seizures/Epilepsy Asthma Diabetes
 Thyroid Liver disease Depression
 Cystic Acne Low or high blood pressure Herpes virus (i.e old sores, fever blisters) Skin cancer
 Hormonal therapy Heart condition/pacemaker Migraine Sinus infection
 Metal Implants Stress Surgeries None
 Other: _____

*Please continue to the next page >

ESTHETICIAN SIGNATURE / DATE

CLIENT SIGNATURE / DATE

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Have you been under the care of a dermatologist within the past year? Yes No

If yes, please explain: _____

Have you undergone any of the following treatments? (check all that apply)

- Botox or filler injections Microdermabrasion
 Chemical peels Accutune Cosmetic surgery None
 Other: _____

What other treatments are you interested in? (check all that apply)

- Waxing Facials
 Hydrafacials Acne treatment
 Back facial Booty Facial Microneedling
 Nano needling infusion Intimate lightening Chemical peel
 Lip Blush Lymphatic drainage face/body High frequency
 Dermaplaning

By signing below, You agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the esthetician of any changes in the above information. I have been informed and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the esthetician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my esthetician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

I fully understand and acknowledge that there are risk involved with such treatments, like Hydrafacial, chemical peels, microneedling, nano- needling infusion, electrical skin treatments, and waxing. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand any false or misleading information I have given may lead to undesired results and complications and herby Goddess Aesthetic, LLC and the esthetician/ s liability if such results or complications occur. I further understand my failure to follow post/ pre care instructions may also lead to undesired results, complications, or effects and herby waive Goddess Aesthetic, LLC and the esthetician's liability if such results or complications occur. In consideration for Goddess Aesthetic, LLC and the esthetician performing this procedure, I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me while I am undergoing this procedure or some effects I may experience after the procedure is performed. I understand that the Esthetician does not diagnose illness, disease, or any other physical or mental conditions. Any sexual misconduct exhibited by the client will result in immediate termination of the session, and the client will be liable for payment of the scheduled appointment. To the maximum extent allowed by law, I agree to waive and release any and all present and future claims, suits or related causes of action against the esthetician, Goddess Aesthetic, LLC, it's service provided, owners, officers, employers, or agents of negligence, injury, loss ,death, cost of other injuries, or damages to me as a result of this procedure. I agree the waiver and release shall bind the members of my family and any spouse or domestic partner, if I am alive, as well as my estate, family, heirs, administrators, or deemed as a "Release, waiver, discharge, and covenant" not to sue Goddess Aesthetic, LLC or any of it's service providers.

ESTHETICIAN SIGNATURE / DATE

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