

# V LUXE SPA

## CLIENT CONSULTATION FORM

Appointment Day & Time:

Please fill out this form on your first appointment.  
Your answers will better help us to meet your needs and ensure that you have a happy and satisfying experience.

DD	MM	YY	HH:MM
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Full Name

Address

Zip / Postal Code

State / Province

City

Date of birth

Phone

Emergency Contact Phone

Email

  Yes  No

(Your email address will be used for appointment confirmations, and quarterly newsletters)  
If you would like to subscribe to our newsletter and promotions please tick YES or tick NO

Have you ever had a facial treatment before?  Yes  No  
If yes, when was that?

What are your main concerns?

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Acne                | <input type="checkbox"/> Acne scarring    | <input type="checkbox"/> Aging                 | <input type="checkbox"/> Dull/dry skin |
| <input type="checkbox"/> Scars               | <input type="checkbox"/> Enlarged pores   | <input type="checkbox"/> Hyperpigmentation     | <input type="checkbox"/> Dehydrated    |
| <input type="checkbox"/> Wrinkles/fine lines | <input type="checkbox"/> Deep wrinkles    | <input type="checkbox"/> Dark eye circles      | <input type="checkbox"/> Sun damage    |
| <input type="checkbox"/> Age spots           | <input type="checkbox"/> Uneven skin tone | <input type="checkbox"/> Blackheads/whiteheads | <input type="checkbox"/> Rosacea       |

What would you like to achieve from your treatment today?

Please check current skin care products you use:

- Facial Scrub
- Cleansing Cream
- Skin Toner/ Astringent
- Soap
- Eye Make-Up Remover
- Day Cream
- Exfoliants
- Eye Cream
- Night Cream
- Mask
- Body Lotion/Cream
- Body Scrub
- Other

How do you find your skin?

- Normal
- Dry
- Oily
- Combination
- Sensitive/Breakout
- Acne
- Very sensitive/Rosacea
- Mature

Do you have any special skin problems or concerns pertaining to your face or body?  Yes  No

If yes, please specify

Have you experienced Botox, Restylane or Collagen injections?  Yes  No

If yes, please specify

Do you ever experience these conditions on your skin?

Flakiness  Tightness  Obvious dryness

What SPF do you use on your face?

How often/when?

## YOUR HEALTH

This information is to ensure we carry out the appropriate treatments for you, taking into consideration any medical conditions which might have treatment contraindications.

\* Female clients only

Please indicate any of the following that apply to you:

Pregnancy\*  Eczema  Diabetes  
 Menopause  Asthma  Epilepsy  
 Heart Condition  Varicose veins  Psoriasis  
 High blood pressure  Water retention  Dermatitis  
 Rosacea  Breast Feeding\*  Skin cancer

Any other medical conditions?

Are you taking any medications?

Do you suffer from any allergies?

Do you smoke?  Yes  No

Are you healing impaired?  Yes  No

Do you follow a restricted diet?  Yes  No

Within the last nine months, have you undergone any surgery?  Yes  No

Within the last year, have you been under a dermatologist or other physician's care?  Yes  No

Are you currently using any products that contain the following ingredients?

- Glycolic acid
- Actic acid
- Any exfoliating scrubs
- Any hydroxy acid product
- Vitamin A derivatives (i.e. retinol)
- Retin-A
- Renova

Do you have any tendencies to any of the following?

- Ingrown hair
- Hyperpigmentation
- Scarring
- Bruising
- Bumps/hives
- Redness

Have you recently received any of the following treatment?

If yes please specify the date you received your last treatment

- Microdermabrasion
- Chemical Peel
- Lash Tint
- Brow Tint
- Micro Needling
- Facial Waxing
- Laser resurfacing

How would you describe your stress levels from 1- 10  
(1=low, 10=high):

How frequently do you exercise:

Everyday  3 times week  Once a week  Irregularly

Describe your own:

How much plain water do you consume daily?

None  1-2  3-5  6-10  Over 10

### MALE CLIENTS ONLY

What is your current shaving system?

Electric  Wet shave

Do you experience irritation from shaving?

Yes  No

Do you experience ingrown hairs?

Yes  No

Any other information?

Have you ever had a reaction to any of the following?

Cosmetics

Medicine

Fragrance

Pollen

Food

Hydroxy acids

Animals

Sunscreens

Other

- I acknowledge that side effects can occur and I fully accept the risk. I understand that my Esthetician, will take every precaution to minimize or eliminate negative reactions as much as possible. I will consult my Esthetician first should I have any complications after receiving my treatment. I have been given the opportunity to ask questions and any questions have been answered to my satisfaction.
- I have read the information and recorded my medical history accurately with all pertinent information. For future services, I agree to inform my spa technician of any changes in my medical status and/or the above information. I understand spa services are not to be considered medical treatment, and as such, the spa technician cannot prescribe treatment of pharmaceuticals.
- I agree that my Esthetician may determine that it is unsafe for you to continue a facial session due to health related concerns. In this event you may be required to provide a medical release form from your physician prior to continuing treatment.

I confirm that the information given above is correct, and that to my knowledge, I have not withheld any information that may be deemed relevant to the treatment I am receiving. I acknowledge that there are potential risks and complications to receiving any procedure, and I take responsibility for any side effects should they occur. I consent to the facial & skin treatment with the understanding that it is an elective procedure, no medical claims are expressed.

**I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure described above.**

Client (Printed Name)

Parent or guardian (if under 18 years of age)

Name & Signature

Client Signature

Date

Esthetician Name

Esthetician Signature

Date

For Esthetician use only