

## CONFIDENTIAL CONSULTATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_ Referred By: \_\_\_\_\_

Dermatologist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your hereditary background?

- Nordic     Scandinavian     Irish     English     Middle Eastern  
 Asian     Mediterranean     Hispanic     South Asian     Native American  
 African American     Other: \_\_\_\_\_

Natural Eye Color: \_\_\_\_\_ Natural Hair Color: \_\_\_\_\_

Check all that describe your skin:

- Normal     Dry     Oily     T-Zone     Combination     Sensitive  
 Thin     Saggy     Firm     Acne     Whiteheads     Blackheads  
 Milia     Cysts     Breakouts     Large Pores     Small Pores     Rosacea  
 Eczema     Freckled     Melasma     Uneven     Blotchy     Matured  
 Wrinkled     Dehydrated     Sallow     Psoriasis     Acne-Scarred     Lacking  
 Age Spots     Sun-Damaged     Broken Surface Capillaries     Moisture  
 Other: \_\_\_\_\_

What changes would you most like to see in your skin: \_\_\_\_\_

What other areas of interest do you have? Check all that apply.

- Acne Management     Reduce Body Fat     Rejuvenation  
 Product Knowledge     Body Tightening/Firming     Cellulite Appearance  
 Hair Removal     Bodily Inch Loss     Body Detoxification  
 Lash Enhancement     Lash/Brow Dye     Hand Treatments

Does your job require that you work outdoors?  Yes  No

On average how many hours each day do you spend outdoors? \_\_\_\_\_

Have you used a tanning booth within the last 30 days? When was the last visit? \_\_\_\_\_

Please check all prior facial treatments you have received:

- Chemical Peel     Injections/Fillers     Microcurrent  
 Cosmetic Surgery     Laser Hair Removal     Microdermabrasion  
 Body Wrap     Laser Skin Resurfacing     Microneedling  
 Dermaplaning     Lash/Brow Extension     Permanent Makeup/Tattoo  
 Electrolysis     Lash Lift     Sugaring  
 Facial     Massage     Waxing

Any of these services in the last 6 months?  Yes  No

If yes, which and when: \_\_\_\_\_

Have you used Tretinoin, Retin-A, Renova, Differin, Tazorac, Avage, EpiDuo, Ziana, Adapalene Hydroxyl, or any products containing Retinol or a Vitamin-A derivative (common identified as an "anti-aging" skin product) in the last 30 days?  Yes  No

If yes, which product(s) and when did you last use each? \_\_\_\_\_

**These products must be ceased 1-2 weeks prior to many Skinology treatments.**

Do you wear contacts?  Yes  No      Are you wearing contacts today?  Yes  No  
Do you now or have you ever suffered from any of the following:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Acne             | <input type="checkbox"/> Eczema            | <input type="checkbox"/> Keloids               | <input type="checkbox"/> Shingles       |
| <input type="checkbox"/> Infections/Boils | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Keratosis             | <input type="checkbox"/> Skin Cancer    |
| <input type="checkbox"/> Conjunctivitis   | <input type="checkbox"/> Fever Blisters    | <input type="checkbox"/> Psoriasis             | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Cysts            | <input type="checkbox"/> Herpes            | <input type="checkbox"/> Rosacea               | <input type="checkbox"/> Warts          |
| <input type="checkbox"/> Dermatitis       | <input type="checkbox"/> Hyperpigmentation | <input type="checkbox"/> Sebaceous Hyperplasia |   |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Ingrown Hairs     | <input type="checkbox"/> Spider Veins          | <input type="checkbox"/> Staph/MRSA     |

Do you presently have any type of rash, skin irritation, lesions or open wounds?  Yes  No

Do you have any type of communicable disease?  Yes  No

Have you ever undergone Accutane therapy (isotretinoin)?  Yes  No

If yes, dates of therapy: \_\_\_\_\_

Please list your current medications (include all vitamins/supplements/hormones/topicals):

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Are you taking oral contraceptives or do you have an IUD or implanted device?  Yes  No

Recent changes contraceptive?  Yes  No

Are you currently pregnant or do you think you might be pregnant?  Yes  No

Are you having your period now?  Yes  No

Are you lactating?  Yes  No

Are you presently undergoing any form of hormone replacement therapy?  Yes  No

Do you have or have you ever had an allergic reaction to any of the following:

- |                                    |                                    |                                     |                                    |
|------------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Apples    | <input type="checkbox"/> Aspirin   | <input type="checkbox"/> Bee Stings | <input type="checkbox"/> AHAs      |
| <input type="checkbox"/> Honey     | <input type="checkbox"/> Latex     | <input type="checkbox"/> Milk       | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Fragrance | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Iodine     | <input type="checkbox"/> Medicines |

Please list any allergies you have: \_\_\_\_\_

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Do you have allergies to foods or ingredients?  Yes  No    If so, please list: \_\_\_\_\_

Have you had any tattoos or body piercings in the past month?  Yes  No

Do you have any circulatory or respiratory problems?  Yes  No

Have you smoked or used tobacco products in the last 6 months?  Yes  No

List any scents you do not like: \_\_\_\_\_

Describe your facial cleansing and maintenance routines (including products used): \_\_\_\_\_

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Please list any other concerns you would like to discuss today: \_\_\_\_\_

Do you have any other health conditions that we should know about? \_\_\_\_\_

Have you ever used any facial, skin, or hair products that caused a bad reaction?  Yes  No

If so, explain: \_\_\_\_\_

Would you like to receive emails and/or texts to confirm future appointments and notify you of salon specials?  Yes  No

I understand, have read and completed this questionnaire completely and truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing incorrect information may result in contraindications, irritation, and/or damage to the skin from treatments received. I understand if receiving a body wrap that I am being wrapped at my own risk. The treatments I receive here are completely voluntary, and I assume full responsibility for any treatment provided to me and the results therefrom. I release Skinology, LLC and/or the skin care professional from all liability of any kind. I have read and agreed to the Salon Policies currently in effect. Skinology, LLC reserves the right not to provide any service to any person for any reason.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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## **Salon Policies**

### **Cancellation Policy**

A credit card is required to make an appointment. 48 hour advance notice is required when cancelling an appointment. If you are unable to provide 48 hour advance notice, this card will be charged a \$50 cancellation fee per hour for the total time of the scheduled appointment (not just the time required to perform the service) or redemption of pre-purchased service(s) valued at \$50 per hour for the total time of the scheduled appointment (not just the time required to perform the actual service).

Failure to show for an appointment will result in a charge for the **full amount** of the scheduled service on the card used to make the appointment. If you have prepaid for the service, the full amount of the service will be redeemed and not refunded. If the service was not prepaid, the full-service amount must be paid prior to your next scheduled appointment.

### **Late Arrival Policy**

If you arrive late, your session will be shortened to fit in the original appointment window to order to accommodate others whose appointments follow yours. Full price for the service will be charged notwithstanding an expedited or unfinished service due to late arrival.

### **Required Documents Policy**

You are asked to bring completed documents with you to your initial appointment and each appointment where a new treatment is being provided. These forms can be found in the REQUIRED FORMS tab located under the

WELCOME tab above. If you do not have these completed forms with you, the time taken to complete the forms will shorten the overall treatment time.

### **Online Appointment Suspension**

Your ability to schedule online may be suspended due to a high number of cancelled appointments with 48 hour advance notice or otherwise. If your ability to schedule online is suspended, you will need to communicate directly to obtain an appointment.

### **Same Day Appointments**

Should you have an emergent need for a service, please send a text to (803) 479-1582, and all efforts will be made to accommodate your need.

### **Product Purchases**

If you wish to purchase any products outside of the salon, please place your order through the STORE tab on [www.skinology.biz](http://www.skinology.biz). Your products will be shipped/delivered once payment is received through the Store webpage.

### **Returned Checks**

All payments by check that are returned shall be charged a fee of \$30, and all payments thereafter must be in cash. All unpaid returned checks shall be referred to the solicitor's office after written notice by mail, email, or text.

**These policies are effective as of 12:01 a.m. on 2/17/19.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Esthetician Signature

\_\_\_\_\_  
Date

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Reviewed by Esthetician on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Esthetician