

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):

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"/> Eggs |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Latex | <input type="checkbox"/> Milk | <input type="checkbox"/> Cinnamon |
| <input type="checkbox"/> Nuts | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Iodine | <input type="checkbox"/> Gluten |

Please list any allergies you have: _____

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): _____

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: _____

Salon Policies

Cancellation Policy

I operate on a simple principle - your time is valuable and so is mine.

48 hour advance notice is required when cancelling an appointment. If you are unable to provide 48 hour advance notice, you 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). Multiple cancellations outside the 48 hour advance notice window may result in suspension of your ability to schedule appointments online and require prepayment for all future appointments.

Failure to show for an appointment will result in a charge for the **full amount** of the scheduled service. 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. Additionally, your ability to schedule appointments online will be suspended and prepayment will be required for all future appointments.

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.

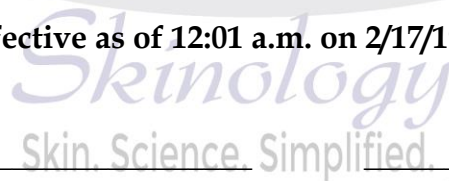
Product Purchases

If you wish to purchase any products outside of the salon, please place your order through the STORE tab on www.skinology.biz. 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

Date

Esthetician