



BEYOND TRANQUILITY SPA

10411 Reserve Drive, San Diego, CA 92127

858-829-1776

SKIN HISTORY and CONSENT FORM

Name _____ D.O.B _____
 Address _____ City _____ State _____
 Zip _____ Mobile () _____ - _____ Home () _____ - _____
 Occupation _____ Referred by _____
 Email _____

DO YOU HAVE ANY HEALTH PROBLEMS? (CHECK ALL THAT APPLY)

- Heart Problems Hormonal Problems High/Low Blood Pressure Diabetes Skin Cancer Allergies (list) _____

YES NO

ARE YOU PREGNANT OR LACTATING?

WHEN WAS THE LAST TIME YOU RECEIVED A FACIAL? _____

DO YOU HAVE ROSACEA?

WHAT PRODUCTS/BRANDS ARE YOU USING?

If so, for what?

CLEANSER: _____

DO YOU GET COLD SORES/FEVER BLISTERS ON FACE/LIPS?

SOAP GEL CREAM/MILKY OTHER _____

If yes, how often?

DO YOU HAVE ANY IMPLANTS?

TONER/ASTRINGENT _____

Pacemaker, pins in bones, etc.

FACIAL SCRUBS _____

DO YOU WEAR CONTACT LENSES?

SUNSCREEN _____ SPF # _____

ANY RECENT SURGERIES?

ARE YOU HAPPY WITH THE RESULTS? _____

If yes, please explain:

ARE YOU TAKING ACCUTANE?

DESCRIBE YOUR HISTORY OF SUN EXPOSURE: _____

ARE YOU USING RETINOIDS?

If so, which ones?

HOW DO YOU WANT TO IMPROVE YOUR SKIN? PLEASE LIST SPECIFIC AREAS YOU WANT TO TREAT. FACE, NECK, CHEST, HANDS, OTHER

ARE YOU USING TOPICAL MEDICATIONS?

If so, which ones?

ARE YOU USING EXFOLIATING ACIDS?

If so, which ones?

ALLERGIES TO: LAVENDER ALOE VERA SHEA BUTTER

ARE YOU TAKING ANY OTHER MEDICATIONS?

If so, which ones?

HAVE YOU HAD AN ADVERSE REACTION TO A PRODUCT?

If so, which product or ingredient gave you the reaction?

NOTES: _____

HAVE YOU HAD TREATMENT FROM A DERMATOLOGIST?

If so, for what condition(s)?

Please carefully review the information you have provided. If you have a specific medical condition or symptoms, certain esthetic treatments may be contraindicated and a referral from your primary care physician will be required prior to services being rendered. I, the undersigned, understand that the services I am receiving are provided for the basic purpose of relaxation. If I experience any discomfort during the session, I will immediately inform the esthetician. Because some procedures relating to skincare such as peels, diamond dermabrasion, body treatments and wraps should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all the questions honestly. I agree to keep the esthetician updated as to any changes in my medical profile and understand that there shall be no liability on the esthetician's part should I fail to do so. I authorize **Beyond Tranquility** and the esthetician, to perform facial services/bodywraps. I relieve **Beyond Tranquility** from any liability resulting from an adverse reaction to any of the services provided.

Client Printed Name _____ Date _____

Client Signature _____ Date _____

Esthetician Signature _____ Date _____



Microdermabrasion Client Consent

I have not had any facial procedures, chemical peels, or skin treatments that I have not disclosed to my esthetician. I am not ingesting or topically using any other over the counter products or prescription medication that has not been disclosed to my esthetician.

Client Initials

I am not presently pregnant or lactating, and I am over the age of 18.

Client Initials

I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn, or broken skin. I have not recently waxed or used a depilatory (i.e. Nair) on the area to be treated. I do not have a history of keloidal scarring, rosacea, skin infections, open lesions, rashes, active acne, any autoimmune disease, active herpes blisters, or any other existing condition that may interfere with the positive outcome of this treatment.

Client Initials

I consent to taking photographs to monitor treatment effects, as desired or recommended by my esthetician.

Client Initials

My expectations are realistic and I understand that results are not guaranteed. The rate of improvement of my skin depends on my age, skin type, condition, degree of sun/environmental damage, and pigmentation levels. For maximum results, more than one treatment may be required.

Client Initials

I understand that my esthetician will take every precaution to minimize or eliminate negative reactions. I agree that I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. I will apply sunscreen of at least SPF 15 and avoid the sun, tanning booths, and extreme weather conditions. I acknowledge that I have been informed of the possible negative reactions and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin).

Client Initials

I have given an accurate account of any over the counter or prescription medications that I use regularly. I understand the potential risks and complications including both known and unknown risks and I choose to proceed with the microdermabrasion procedure. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my esthetician immediately.

Client Initials

I have read the above information and initialed each section to indicate that I fully understand what to expect. I relieve _____ and *Beyond Tranquility Spa* from any liability resulting from any adverse reaction that may result from this treatment. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosure.

Client Initials

Client Printed Name _____

Date _____

Client Signature _____

Date _____

Esthetician Signature _____

Date _____