



Skincare Treatment Client Information and Consent Form

Name _____

Birthdate _____

Address _____

City _____ Province _____

Postal Code _____

Phone _____ Email _____

How did you hear about us?

Occupation _____

What would you like to achieve from your treatment today?

Would you like to be emailed our newsletters and upcoming promotions? Yes No

Skincare History

Have you ever had a facial treatment before? _____

Which of the following most closely describes your skin type? Please **circle**.

Creamy Complexion	Always burns easy, never tans
Light Complexion	Always burns, may tan slightly
Light/Matte Complexion	Burns moderately, tans gradually
Matte Complexion	Seldom burns, always tans well
Brown Complexion	Never burns, deep tan
Black Complexion	Never burns, deeply pigmented

Do you have any special skin problems or concerns?

Are you currently taking Accutane, or have you taken it in the past? _____

Are currently using any other acne medication? _____

If yes, which one? _____

Are you exposed to the sun a lot, or do you use a tanning bed? _____

Please **circle** any areas of concern you have for your skin:

Breakouts/Acne	Blackheads/Whiteheads	Oily/Shiny Skin
Redness	Sunspots/Brown Spots	Sun Damage
Dull/Dry Skin	Uneven Skin Tone	Wrinkles/Fine Lines
Sensitive Skin	Dehydrated Skin	Flaky Skin

Other: _____

Please circle if you are allergic to any of the following:

Cosmetics	Medicine	Food	Sunscreens
Animals	AHAs	Pollen	Fragrance
Latex	Collagen	Other:	_____

Are you pregnant or trying to become pregnant? _____

I understand this consent form and have answered each question truthfully. I understand that withholding information from my skincare therapist may result in contraindications or skin irritation from treatments received. The skincare treatments I receive at Haven Health and Wellness Center Inc. are voluntary, and I release Haven Health and Wellness Center from full liability and assume full responsibility thereof.

Signature: _____

Signature of Guardian: _____

Date: _____