In order to submit this form, you should open it with Adobe Acrobat Reader.

Skincare Facial Consent Form

Date

Month Day Year

Date of Birth

Month Day Year

Name

First Name Last Name

Phone Number

Email

example@example.com

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Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

How did you hear about us?

- Walked by
- Online Search
- Facebook/Instagram
- Referral

If referred, by who?

Your Medical History

Are you currently under the care of a physician?

- Yes
- No

Have you experiences any of these health conditions in the past or present?

- Hormone Imbalance
- High Blood Pressure
- Heart problem
- Auto-immune Disorder
- Epliepsy/Seizures
- HIV/AIDS
- Depression/Anxiety
- None
- Cancer/ Systemic disease
- Diabetes
- Arthritis
- Asthma
- Cold sores
- Lupus
- Headaches/ Migranes
- Other

Any known allergies?

- Asprin
- Shellfish
- Tree Nuts
- Pollen
- Latex
- Lidocane
- Dairy
- None
- Fruits
- Fragrance/essential oils
- Sunscreen

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☐ Other

List medications/supplements you are currently taking.

Have you ever received any botox or fillers? if so, where and when?

Have you ever experienced claustrophobia?

○ Yes ○ No

Please rate your stress level.

○ Low ○ Medium ○ High ○ None

Your Skin

What are your skin concerns?

What would you say your skin type is?

☐ Normal (no visible blemishes, fine pores, smooth texture)

☐ Combination (oily and dry patches, oily t-zone, hormonal breakouts)

☐ Sensitive (reactive to fragrance, often irritated)

☐ Oily (enlarged pores, excessive oil)

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- [ ] Acne (cystic or nodules)
- [ ] Dry (dull, visible lines and wrinkles, feels tight)

What skin care products do you use on a daily basis?

- [ ] Soap
- [ ] Toner
- [ ] Mask
- [ ] Eye Cream
- [ ] SPF
- [ ] Cleanser
- [ ] Serum
- [ ] Exfoliant (physical or chemical)
- [ ] Moisturizer
- [ ] Vitamin A (retinol)

Do you experience routine breakouts or acne?

- ○ Yes
- ○ No

Have you ever been diagnosed with eczema, psoriasis or rosacea?

- ○ Yes
- ○ No

Have you received any of these facial hair removal services in the last 7 days?

- [ ] Waxing/sugaring
- [ ] Threading
- [ ] Laser/Electrolysis

Do you currently use:

- [ ] Accutane
- [ ] Retin-A
- [ ] Prescribed topical cream

Please specify which product or type, if you answered YES to the question above.

Are you currently using any products that contain:

- [ ] AHA (glycolic acid, lactic acid, etc.)
- [ ] Vitamin A derivative (retinol/retonids)
- [ ] BHA (salicylic acid)
- [ ] Exfoliating scrubs

Have you ever received chemical peels, laser services, or microdermabrasion treatments?

- [ ] YES, within the last month
- [ ] YES, within the last 2-3 months
- [ ] NO

Do you?

- [ ] Wear contact lenses
- [ ] Have metal implants
- [ ] Consume Alcohol
- [ ] Have a pacemaker
- [ ] Smoke
- [ ] Consume Caffeine

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☐ Frequent tanning beds

Females Clients

Are you taking birth control?

○ Yes ○ No

Are you pregnant or breast-feeding?

○ Yes ○ No

I acknowledge that I must adhere to the policies. I understand that cancellations must be done with at least 24 hours notice Failure to do so will result in the loss of a package or 50% of the total service cost. I acknowledge that ANY no show will result in the loss of a package or 100% of the total service cost. I understand that after 15 minutes of tardiness my appointment may be subject to cancellation and I will be responsible in accordance with the "No-show" policy.

I acknowledge that my skin might experience temporary irritation, tightness, redness or slight swelling which usually dissipates within 72 hours depending on skin sensitivity.
I acknowledge that if I am allergic to one or more ingredients in the products used, I may experience allergic reactions.
I acknowledge that if I fail to use a minimal sunscreen (SPF45), I am more susceptible to sunburn, skin damage & hyperpigmentation. I should avoid excessive sun exposure especially between 10am-2pm.
I acknowledge that this treatment is strictly elective cosmetic procedure and no medical claims have been expressed or implied.
I acknowledge that I should avoid the use of Retin-A type products, aggressive exfoliation, waxing, and products containing acids that are no part of the recommended take-home regimen for 2-4 weeks following treatment.
I consent (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. I give consent for all future treatments
I release Chateau Glow and its staff of any liability associated with any injuries and /or current and future conditions resulting from the skincare procedures or products.

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