



CLIENT ASSESSMENT FORM

Date _____

Name _____ Sex _____

Address _____

City _____ State _____ Zip _____

1. Have you been seen by a dermatologist? Yes _____ No _____ If yes, for what reason? _____

2. Please list all medications that you take regularly. Include hormones, vitamins, and the like.

Have you ever used Accutane®? Yes _____ No _____ If yes, when did you stop taking Accutane®? _____

Do you use or have you recently used Retin-A®, Renova®, Tazorac®, Differin®, Azelex®, or other medical peeling agent? Yes _____ No _____ If yes, for how long? _____

3. Do you have any allergies? Are you allergic to any medications? Yes _____ No _____

If yes, please list allergies: _____

4. Are you pregnant or lactating? Yes _____ No _____

5. Have you had any of the following procedures?

Laser resurfacing Yes _____ Date _____ No _____

Light chemical peel Yes _____ Date _____ No _____

Medium/heavy chemical peel Yes _____ Date _____ No _____

Have you had any microdermabrasion? Yes _____ Date _____ No _____

6. Do you ever experience tightness or flaking of your skin? Yes _____ No _____

7. Do you frequent tanning booths? Yes _____ No _____

8. Do you have a history of fever blisters or cold sores? Yes _____ No _____

RELEASE FORM FOR HAIR REMOVAL

I, _____, am _____ am not _____ presently using:

____ Retin-A; or any other topical prescription medication

____ Accutane

____ any alphahydroxy-based products

____ any medications such as cortisone, blood thinners, or diabetic medication

____ I understand that if I begin using any of the above products and do not inform my esthetician/cosmetologist prior to hair removal, I am accepting full responsibility for any skin reactions.

____ The hair removal process has been thoroughly explained to me, and I have had an opportunity to ask questions and receive satisfactory answers.

Client's Signature _____ Date _____

Technician's Signature _____ Date _____