

*Dermalove Esthetics and Massage*  
 2005 Fayette  
 NKC, MO 64116

**GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Sex: Male / Female

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\* PLEASE INITIAL THE FOLLOWING: DUE TO INSURANCE LIABILITY ONLY THE CLIENT IS ALLOWED IN THE TREATMENT ROOM DURING ANY PROCEDURE. CHILDREN UNDER THE AGE OF 16 ARE NOT ALLOWED TO BE LEFT UNATTENDED IN THE SPA AT ANY TIME. PLEASE MAKE ARRANGEMENTS FOR CHILD CARE PRIOR TO YOUR APPOINTMENT. THANK YOU.**

**\*\*\* PAYMENTS FOR SERVICES MAY BE MADE WITH CASH, MASTERCARD, VISA, DISCOVER AND AMERICAN EXPRESS. Person checks are accepted but returned checks will be subject to a \$25 returned check fee.**

**\*\*\*Appointments canceled the day of the appointment or no shows are subject to a \$25 fee or loss of treatments when prepaid.**

**\*\*\*Reminders are made via text message unless another preference is otherwise specified**

INITIALS: \_\_\_\_\_

Please circle all esthetic and massage services you would be interested in:

- |                            |                       |                     |
|----------------------------|-----------------------|---------------------|
| Microdermabrasion          | Photo Facials         | Swedish Massage     |
| Chemical Exfoliation/Peels | Spider Vein Reduction | Deep Tissue Massage |
| Laser Hair Reduction       | Waxing                | Hot Stone Massage   |
| Skin Tightening            | Botox                 | Pre-Natal Massage   |
|                            | EyeLash Extension     |                     |

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**FACIAL CONSENT FORM**

**SKIN TYPE:**

1. What is your skin type? NORMAL DRY SENSITIVE COMBINATION OILY ROSACEA ACNE MATURE
2. What are your present skincare concerns? ACNE ACNE SCARS CYSTIC ACNE BLACKHEADS WHITEHEADS WRINKLES  
HYPERPIGMENTATION/AGE SPOTS DILATED CAPILARIES
3. Do you have any of the following around the eyes? CROWS FEET/WRINKLES, PUFFINESS/ DARK SHADOWS/  
LACK OF ELASTICITY
4. Do you have any of the following around the mouth? WRINKLES NASOLABIAL FOLDS HYPERPIGMENTATION
5. Do you have any of the following in the cheek area? LOSS OF ELASTICITY UNEVEN TEXTURE VISIBLE CAPILARIES  
DILATED PORES HYPERPIGMENTATION/SUNSPOTS WRINKLING
6. Do you have any of the following in the Neck or Chest areas? SEVERE SUN DAMAGE LACK OF ELASTICITY  
HYPERPIGMENTATION/SUNSPOTS

**SKIN CARE/MEDICAL HISTORY:**

1. Have you recently received any of the following spa services? Please circle if "YES" and approximate date.

MICRODERMABRASION

Date: \_\_\_\_\_

ENZYME PEEL

Date: \_\_\_\_\_

FACIAL WAXING

Date: \_\_\_\_\_

LASER TREATMENT

Date: \_\_\_\_\_

IPL TREATMENT

Date: \_\_\_\_\_

2. List all current medications you are taking orally or topically.

\_\_\_\_\_  
\_\_\_\_\_

3. List all allergies: seasonal/sun/herbal/medicinal.

\_\_\_\_\_  
\_\_\_\_\_

4. List all skin care lines you currently use.

\_\_\_\_\_  
\_\_\_\_\_

5. When was your last incidence of sun/tanning bed exposure?

\_\_\_\_\_  
\_\_\_\_\_

6. Are you currently using Accutane or within the past 6 months?

\_\_\_\_\_  
\_\_\_\_\_

7. Are you currently using Retin-A or a product containing Retin-A?

\_\_\_\_\_  
\_\_\_\_\_

8. Are you pregnant or nursing? \_\_\_\_\_

9. Do you currently have or have a history of any of the following? Please Circle. SKIN CANCER KELOID SCARRING

COLD SORES BLEEDING DISORDERS HORMONE DISORDERS PIGMENTATION DISORDERS

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**PLEASE CAREFULLY READ AND INITIAL THE FOLLOWING:**

1. Groupons and other internet coupons are for new clients only. The same offers are available for current clients through the business. \_\_\_\_\_
2. All packages expire 1 year from date of purchase. Groupons and other coupons for packages will expire 1 year from the date of the first treatment. \_\_\_\_\_
3. No call no shows for appointments will automatically result in loss of a prepaid treatment or a \$25.00 fee. This fee must be paid online before another appointment can be booked. Appointments canceled with less than 24 hours may also be subject to the same fees. When appointments are canceled at the last minute, it makes it difficult to fill the time and results in a financial loss for the business. \_\_\_\_\_
4. If you are going to be late for an appointment please call or text. Due to time constraints clients who will be more than 15 minute late will be have to be rescheduled. If there is no call or no text and the client is more than 15 minutes late it will be counted as a no call no show.  
\_\_\_\_\_
5. Please do not use cell phones for calls, games or other media. This is a spa atmosphere and excess noise including conversations should be kept to a minimum please. \_\_\_\_\_
6. Children under the age of 16 are not allowed to be left unattended in the spa at any time.  
\_\_\_\_\_
7. If you are receiving laser or IPL treatments please note that tanning beds and sun exposure must be avoided for one month prior to and one month after treatments end as well as in between treatments. **TANNING TO THE TREATMENT AREA INCREASES THE INCIDENCE OF BURNING, BLISTERING AND PERMANENT SCARRING AND DISCOLORATION.**  
\_\_\_\_\_
8. Please notify the technician of any major medical changes, new diagnoses and medication changes before each treatment \_\_\_\_\_
9. Dermalove Esthetics and Massage accepts all major credit cards as well as personal checks. Please note any personal check that is returned will be charged a \$25 returned check fee.  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_