

Shimmer Spa

Guest skincare wellness form

Name: _____

Have you ever had an allergic reaction to any of the following? (Please check all that apply and explain) Latex/Papaya
 Aspirin Citrus essential oils (EO) Lavender EO Teatree EO Lemongrass EO Copaiba EO Peppermint EO Avocado Oil Blueberry Argan Oil Coconut Oil Pomegranate Food Medicine Argan Oil Other: _____

What is your goal for today's visit and/or future visits? _____

Do you tan use a tanning bed? Yes No If yes, how often & last time:

Do you currently use topical retinol or Retin-a? Yes No

Would you like a complimentary resurfacing peel consultation at your next visit? Yes No

Any eye area concerns? Puffiness Dark circles Milia Fine lines reduce visible signs of aging

Have you been under care of a dermatologist or other medical professional in the last year? Yes No If yes, please explain: _____

Have you had any of these health conditions in the past or present? (Please check all that apply and provide additional information in the space provided)

Acutane Treatment
 Cancer
 Systemic disease
 High blood pressure
 Thyroid condition
 Diabetes
 Heart problem
 Varicose veins
 Arthritis

Eczema/Psoriasis
 Epilepsy
 Seizure disorder
 Fever blisters
 Hepatitis
 Herpes
 Frequent cold sores
 Immune disorders
 HIV/AIDS

Lupus
 Metal bone pins or plates
 Phlebitis, poor circulation
 Blood clotting
 Asthma
 Skin diseases/skin lesions
 Skin disease/skin lesions
 Headaches (chronic)
 Any active infection

Please note that skin care treatments can have certain side effects, such as redness, rash, swelling, tenderness, etc.

I have read the above information and if I have any concerns, I will address these with my Esthetician. I give permission to my Esthetician to perform the skin care procedure we have discussed and will hold her/his and her/his staff harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically I am willing to follow recommendations made by my Esthetician for a home care regimen that can minimize or eliminate possible negatives reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home products/ post-treatment care, I will consult the Esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. 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. I understand the procedure and accept the risks. I assume all risks and outcomes of treatments and use of products. I do not hold my Esthetician, Shimmer Spa LLC, its faculty and/or its staff responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician Signature _____ Date _____