



Date: _____

CLIENT INTAKE FORM - FACIAL TREATMENTS

Name _____

Date of Birth _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone Number (H) _____ (C) _____

Occupation _____

Emergency Contact _____ Emergency Phone Number _____

Your Health

Within the last year, have you been under a dermatologist's or other physicians care? Yes _____ No _____

If yes, please specify: _____

Within the last nine months, have you undergone any surgeries? Yes _____ No _____

If yes, please specify: _____

Have you had any health problems in the past or present? Yes _____ No _____

If yes, please specify: _____

Do you smoke? Yes _____ No _____

Do you wear contacts? Yes _____ No _____

Rate your level of stress on a scale from 1 - 4 (1= lowest, 4= highest): _____

Please list any medications, supplements, vitamins, diuretics, slimming tablets, etc, that you take regularly:

Your Skin

Please select your skin type: Normal Dry Sensitive Oily Combination Acne Prone T-Zone

Do you ever experience oily shine during the day? Yes _____ No _____

Do you ever experience a burning, itching sensation on your skin? Yes _____ No _____

Do you ever experience a reaction to any of the following?

Cosmetics Medicine Iodine Pollen Food Animals Fragrance Hydroxyl Acids Sunscreens

Other: _____

What is your pain threshold? Low Medium High

What are your skin care goals? _____

Do you have any special skin problems pertaining to your face or body? _____

Females Only: Are you pregnant or trying to conceive? Yes _____ No _____

Regimen

What kinds of products are you currently using? Soap Cleanser Toner Moisturizer Exfoliator Eye Products

Other: _____

Do you use any of the following prescription products? Accutane Retin A Renova Adapalene

Other: _____

Have you ever had chemical peels, microdermabrasion or resurfacing treatments? Yes _____ No _____

If yes, please specify how long ago: _____

How much water do you consume daily? _____

Do you experience any of the following conditions on your skin? Flakiness Tightness Sensitivity

What SPF sunscreen do you typically wear on your Face? _____ Body? _____

Do you sunbathe or use tanning beds? Yes _____ No _____

If yes, please specify how often: _____

Do you burn easily in moderate sunlight? Yes _____ No _____

Is there anything else about your current or previous health history you think would be useful for your esthetician to be aware of to make this a better experience? _____

Waiver and Release

The undersigned _____ (print name), hereafter referred to as "Customer" does hereby waive and release, indemnify, hold harmless and forever discharge The Spa at Rhythm City Casino Resort, hereafter referred to as "Spa" and its agents, employees, officers, directors, affiliates, successors, members, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to the services being provided to me by the Spa provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. Said services may include, but are not limited to, massage, pedicures, manicures, body treatments, hair removal, facials, hair coloring, texture changes, permanents, as well as hair cutting.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with or unsatisfactory results from the said services being provided to me.

This Waiver and Release contains the entire agreement between the Spa and myself, and supersedes any prior written or oral agreements concerning the subject matter of this Waiver and Release. The provisions of this Waiver and Release may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of the Spa and myself.

The provision of this Waiver and Release will continue in full force and effect even after the termination of the services being provided to me, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this Waiver and Release. I understand and confirm that by signing this Waiver and Release, I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional Waiver and Release of all liability to the full extent of the law.

Signature _____ Date _____