



Skin Care Intake

Name: _____ DOB: _____ Gender: _____

Address: _____ ZIP: _____

E-Mail: _____ Cell #: _____

How did you hear about us? _____

Have you had a facial treatment before? Yes No

Are you under a dermatologists care? Yes No

If Yes, please explain: _____

Please list all allergies below. Please include fruits, nuts honey, dairy, lavender, chamomile or other natural products:

Are you pregnant?	Yes	No	Do you have any metal implants?	Yes	No
Do you smoke?	Yes	No	Are you taking Retin A, Accutane, Renova, Differin, or any other product prescribed by a dermatologist?	Yes	No

Are you undergoing Chemotherapy? Yes No Are you sun tanning? Yes No

How do you feel about your skin? _____

Was there a specific reason you came to us? _____

Add-On Options	
Eye Perfection (Adds up to 20 Minutes) Relaxing eye treatment with an eye contour balm softens lines & reduce dark circles. Cooling mask is then applied.	\$30
Plumping Lip Smoother (Adds 5 Minutes) Remedy for dry chapped lips, and combats signs of aging around the mouth. Soften, smooth and plump delicate tissues.	\$15
Reflexology Holistic treatment based on premise that reflex zones in the feet and hands correspond to all body systems.	\$15
Scalp Massage Completely unwind and relax during you facial with a soothing and calming scalp massage.	\$15
Callus Removal (Adds up to 10 Minutes) Have those stubborn calluses gently removed using great products from Foot Logix.	\$15
Foot Scrub Massage (Adds up to 10 Minutes) Add a relaxing, and yet rejuvenating, foot scrub and massage to your facial to be truly pampered head to toe.	\$16

I am aware that the esthetician does not diagnose illness or disease and does not prescribe medications. I fully understand that the above questions and will let my Esthetician know about any changes in the future.

Acceptance

Your experience is important to us, however arriving late for a treatment might result in reduced treatment time with full charges incurred. We require a **4-hour cancellation notice to avoid a 50% penalty**. No Shows will be charged a **100% Penalty**.

Any lewd or inappropriate behavior will **NOT** be tolerated. Your treatment will conclude immediately if any misbehavior is reported by our therapist.

I affirm that I have disclosed all known medical conditions and I release DESUAR Spa from any liability resulting from adverse reactions to services provided or any item lost in the facilities

Signature: _____

Date: _____