

jody
AESTHETICS
SAN ANGELO ACNE CLINIC

Name: _____ Date: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____ Birthday: _____

Who referred you? _____ How did you find us? _____

What are your main skin concerns?

If you could wave a magic wand, how would your skin look in a month?

Do you have any special requests for today? (Extractions, skin tone, hydration, relaxation, waxing)

Are you using Prescription Retin A?

Please describe your home skincare regime at this time:

What products do you use?

Knowing that home care is a big part of achieving beautiful skin, would you like information about how to maintain today's results at the end of your facial?

- Yes, give me the scoop on how to look and feel beautiful!
- No, thank you, just here to relax.

Are you allergic to anything sulfur? _____

Are you allergic to any fruits/vegetables? _____

How would you describe your skin? Oily Sensitive Dry Normal Combination

Are you currently taking birth control pills or have an IUD? ___ Yes ___ No
If yes, which one? (Name of birth control) _____

Do you have any other medical issues we should know about? ___ Yes ___ No

If yes, please explain: _____

Clients under the age of 17 must have a parent or legal guardian present to provide a signature for authorization of this facial session. It is my choice to receive spa treatments. I realize that the treatment is being given for the well-being of my body and mind. I agree to communicate with my service provider any time I feel as though my well-being is being compromised. I understand that the service providers do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, or pharmaceuticals.

I acknowledge that spa services are not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary Health Care provider for that service. I have stated all medical conditions that I am aware of, and will update the service provider of any changes in my health status. I understand that all estheticians of Jody Aesthetics are licensed profession, and that by law they have the right to refuse service on any client at any time, if they feel as though their well-being is compromised. I understand and voluntarily accept the risks associated with the facial and/or any other services, including but not limited to: Massage, Facials, etc.

I agree Jody Aesthetics will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or damage to me resulting from negligence, other acts in Jody Aesthetics, anyone acting on Jody Aesthetics' behalf, or anyone using the services of the facilities of Jody Aesthetics, to the fullest extent permitted by law. This agreement together with Jody Aesthetics wellness plan rules and regulations, constitute the entire agreement between you and us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release Jody Aesthetics from all claims or liabilities for death, personal injury or property loss or damages of any kind sustained while on the premises, and/or from any advice or services provided by an employee, independent contractor or any representative of Jody Aesthetics. I agree that this application and waiver is in effect for all massages, facials, and any other services, and will not expire unless specifically requested by either party. I understand that Jody Aesthetics is a tranquil and professional environment and that any inappropriate behavior may result in termination of my services and full payment is expected. By signing this form, I agree to the above terms and release Jody Aesthetics and its employees from any liability.

Signature: _____

Date: _____