

44SUNSET
Facial Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

DOB _____ Occupation _____ Email _____

How did you hear about us? _____

Conditions you are currently experiencing today (Please select all that apply):

☐ Headache ☐ Inflammation ☐ Muscle Cramps ☐ Anxiety ☐ Fatigue ☐ Insomnia ☐ Stress ☐ Forgetfulness

Esthetics Information

What type of skin do you have?

☐ Normal ☐ Oily ☐ Dry ☐ Combination

What areas of concern do you have regarding your skin?

☐ Breakouts/Acne ☐ Blackheads/Whiteheads ☐ Uneven Skin Tone ☐ Sun Damage
☐ Excessive Oil/Shine ☐ Wrinkles/Fine Lines ☐ Dull/Dry Skin ☐ Rosacea
☐ Broken Capillaries ☐ Redness/Ruddiness ☐ Dehydrated ☐ Sun, Liver, Brown Spots
☐ Other: _____

Have you been under the care of a dermatologist within the past year? ☐ yes ☐ no

If yes, please explain _____

Have you ever had an allergic reaction to any of the following?

☐ Cosmetics ☐ Medicine ☐ Food ☐ Animals ☐ Sunscreen ☐ Drugs
☐ Iodine ☐ Pollen ☐ AHAs ☐ Fragrance ☐ Shellfish ☐ Latex

Other: _____

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinol/Vitamin A derivative products?

If yes please describe: _____

Have you received Botox, Restylane, or Collagen injections in the last 6 months? ☐ yes ☐ no

If yes, please specify: _____

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

Client Signature

Date