

CONFIDENTIAL CLIENT QUESTIONNAIRE – Aesthetic Services



Welcome to The Spa! The Spa promotes a lifestyle that helps you take care of yourself. You may come to escape daily stress and return to life refreshed and invigorated. You may come to discover ways to look better, feel better and age well. A few hours can be transformed into serenity and indulgence, pampered by professionals who understand you. Experience what a spa is meant to be at a place where every service will reflect your personal preferences.

CONTACT & PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Date of Birth _____ Anniversary _____

E-mail Address (if you would like to be notified of specials, promotions and events) _____

Would you like to be sent a text confirmation message for future appointments? _____

Have you ever received a facial (here or elsewhere)? _____

MEDICAL INFORMATION

Please list all current medications, vitamins and/or supplements you are currently taking _____

Are you, or have you ever, taken Accutane? If so, please list duration/dates _____

Do you use any of the following? (circle all that apply) RETIN-A® RETINOID DIFFERIN® AGAVE

Are you allergic to any of the following (circle all that apply) LATEX NUTS ASPRIN
IODINE/SHELFISHSULFUR

Please list any and all allergies and/or environmental sensitivities that you have _____

Do you exercise regularly? If so, what type and how often? _____

Have you ever been treated by a dermatologist? If so, for what condition? _____

What do you like about your skin? _____

Is there anything you would change about your skin? _____

What is your approximate daily water/ caffeine intake? _____

Do you feel that you look your age, look five years younger or five years older? _____

Do you have sensitive skin? If so, what is your skin sensitivity? _____

Do product(s) or ingredient(s) often irritate your skin? If so, please list _____

Do you ever experience oiliness and/or breakouts? If so, explain? _____

Do you wear makeup? If so, what brand(s) and how often? _____

Describe your daily skin regimen (please circle all that apply) _____

Cleanser Toner Moisturizer AHA/BHA Exfoliation Mask Sunscreen

Have you ever had severe sunburn? If so, where on your body? _____

Do you tan regularly? If so, in a salon or outside? When was the last time you tanned? _____

Have you ever had any waxing or hair removal/reduction service(s)? If so, when was your last service? _____

Have you ever treated your skin with the following? (please circle all that apply) _____

Chemical Peel Microdermabrasion Laser Resurfacing Dermabrasion Intense Pulse Light (IPL)

If you circled any of the above, please provide the last date of treatment _____

Are you currently pregnant or think you might be? If so, how many weeks? _____

Are you nursing? _____

ACKNOWLEDGEMENT & RELEASE

I have completed this information to the best of my knowledge. By signing this form, I understand and agree the services provided are not a replacement for medical or psychological care. The information provided is not prescriptive or diagnostic in nature, and it is for educational purposes only. I understand treatment may not be provided where contraindicated, and I agree to keep each therapist updated as to any changes in my medical profile. I also understand that any elicited or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment. I also understand consumption of alcohol before or after a massage and/or body treatment may greatly increase the chances of intoxication. Any session or treatment may be terminated upon the determination by The Spa at West Glen that I am or may be experiencing side effects from the combination of massage and/or body treatment and alcohol.

I hereby release The Spa at West Glen from any and all injuries and damages, whether known or not, in which may in here and after appear to develop arising from the services and/or products provided to me in my presence on the premises.

I have read the information above and The Spa at West Glen, Spas de Cor, LLC, and/or Heidi M. Koch, MD nor any of its agents, are responsible for any damages, injury or death that might result from my presence around or participation in spa related activities. I knowingly assume all risks stemming from my spa related activities, including risk(s) associated with the combination of massage and/or body treatments and alcohol, whether consumed within or without the premises of The Spa at West Glen.

I am executing this release solely in reliance upon my own knowledge, belief and judgment, and not upon any representations made by the party's release: The Spa at West Glen, Spas de Cor, LLC, and/or Heidi M. Koch, MD.

I HAVE READ THE FOREGOING RELEASE AND UNDERSTAND ITS TERMS AND FREELY AND VOLUNTARILY SIGN THE SAME (Must Be Signed To Receive Services)

Client/Patient Signature _____ **Date** _____