



GRACE+CLAY
ESTHETICS by JOANNE SMITH

NAME: _____ DATE: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____
OCCUPATION: _____ BIRTHDAY: _____
EMERGENCY CONTACT: _____ PHONE: _____ RELATION: _____
HOBBIES: _____

WHAT BRINGS YOU IN TODAY? _____

WHAT IS YOUR MAJOR SKIN CONCERN? _____
Knowing that home care is a big part of achieving beautiful skin, would you like to chat 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, just here to relax

WHAT IS YOUR CURRENT SKIN CARE REGIMEN?

PLEASE LIST ANY ALLERGIES YOU MAY HAVE:

- Please check if you have or have had any of the following:
- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lupus | <input type="checkbox"/> Depression | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Skin Infections | <input type="checkbox"/> Autoimmune Illness |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Hysterectomy | |

ARE YOU UNDER THE CARE OF A PHYSICIAN? _____ IF YES, WHY?

ARE YOU TAKING ANY MEDICATIONS, ORAL OR TOPICAL? _____ IF YES, PLEASE LIST:

- HAVE YOU EVER HAD ANY:
- | | | |
|---|---|---|
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Laser Skin Resurfacing | <input type="checkbox"/> Reactions to Skincare Products |
|---|---|---|

DO YOU TAN? _____ SMOKE? _____ ARE YOU PREGNANT OR NURSING? _____

What did you love most about your last facial? Anything you would change?

Anything else you want to share? I love learning about my clients as it helps me provide superior customer service. _____

Please read carefully and initial the following:

_____ I understand that GRACE+CLAY services including facials and body treatments are cosmetic in nature and given for the sole purpose of skin cleansing, body and mind relaxation and rejuvenation.

_____ I understand that it is imperative to tell my Esthetician about any oral or topical medications prior to any facial, waxing, or body treatment services.



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_____ I understand that GRACE+CLAY does not diagnose illness, disease, or any other physical or mental disorder. I accept full responsibility and do not hold GRACE+CLAY liable for loss, damage or injury.

_____ I understand that results vary and are not guaranteed.

_____ I confirm that to the best of my knowledge that the answers given on client consultation form are correct and that I have not withheld any information that may be relevant to my treatment.

_____ I understand there are risks associated with skincare treatments. Such as: redness, sensitivity, flaking or peeling, inflammation. Any additional concerns I will discuss with my practitioner.

*Please note any additional information that may be of importance to your Licensed Esthetician regarding the spa treatment you will be receiving here:

_____ I understand that GRACE+CLAY has a strict 24-hour cancellation policy. I understand I must provide at least 24 hours advance notice for the cancellation of an appointment. Failure to provide 24-hour notice will result in a charge of 50% of cancelled service. **NO-SHOWS WILL BE REQUIRED TO PAY MISSED SERVICE IN FULL. AND PRE-PAYMENT IN FULL IS REQUIRED TO BOOK NEXT APPOINTMENT.**

Signed by Client _____ Date _____