

PRAVO Esthetician Patient Information

First Name _____ Last Name _____ M.I. _____

Address _____

City, State & Zip Code _____

Primary Phone () _____ E-Mail _____

Cell or Home

D.O.B. _____ Occupation _____

How did you hear about us? _____

(If referred by a friend please let us know who, we love to thank our clients)

Please answer all questions and circle Yes or No for any applicable questions:

Your Health

- Within the last year, have you been under a dermatologist's or other physicians care? Yes or No
- If yes, please specify why _____
- Please list any health problems in the past or present: _____
- List any medications, supplements, vitamins, diuretics, slimming pills, Isotretinoin, etc that you take regularly:

- Do you smoke? Yes or No Do you wear contact lenses? Yes or No
- Do you exercise regularly? Yes or No Do you follow a restricted diet? Yes or No
- Do you have metal implants, a pacemaker or body piercings? Yes or No
- Have you ever had an allergic reaction to aspirin? Yes or No
- Do you sunbathe or use tanning beds? Yes or No
- Do you drink more than 4 caffeinated beverages daily (coffee, tea, soft drinks)? Yes or No
- Have you even experienced claustrophobia? Yes or No
- Do you have any allergies? Latex, nickel, etc. Yes or No If yes, please specify _____
- Rate your level of stress on a scale of 1 – 5 (1 = lowest, 5 = highest) _____

Your Skin

- What are your specific concerns regarding your skin? _____
- What skincare products are you currently using? _____

- Have you had a chemical peel, microdermabrasion, laser or light therapy, an injectable, or other cosmetic procedure in the last month? Yes or No
- Have you waxed within the last 72 hours? Yes or No
- Do you use Retin-A, Renova, Adapalene, or any other prescription skincare products? Yes or No
- In the last 3 months? Yes or No
- Have you taken isotretinoin (accutane) within the last 6 months? Yes or No
- Are you currently using any products that contain the following ingredients?
glycolic acid lactic acid any exfoliating scrubs any hydroxy acid Vitamin A derivatives (i.e., Retinol)

- Do you ever experience these conditions on your skin? flakiness tightness obvious dryness
- What SPF sunscreen do you use on your face? _____ Body? _____
- Do you burn easily in moderate sunlight? Yes or No
- Have you had any direct sun exposure within the last 48 hours? Yes or No
- Do you have a tendency to redness? Yes or No
- Do you suffer from sinus problems? Yes or No
- Do you have a history of cold sores or fever blisters? Yes or No
- Are you currently experiencing a breakout? Yes or No
- Do you ever experience burning, itching or stinging sensations on your skin?
If yes please specify _____

Female Clients Only

- Are you taking oral contraception? Yes or No
- Are you pregnant or trying to become pregnant? Yes or No
- Are you lactating? Yes or No
- Are you currently having or due for your menstrual cycle? Yes or No
(Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

Male Clients Only

- Do you have shaving challenges? Yes or No If yes please specify _____

For Facials & Chemical Peels:

If I experience any pain or discomfort during the session, I will immediately inform the esthetician so that the products and/or technique may be adjusted to my level of comfort. I further understand that facial treatments should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that estheticians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the esthetician updated as to any medical changes during the session and understand that there shall be no liability on the estheticians part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the Licensed Esthetician reserves the right to refuse to perform treatments on anyone whom he/she deems to have a condition for which facial treatments are contraindicated.

For Waxing:

Please note that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc. I have read the above information and if I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the waxing procedure we have discussed and will hold her and her staff harmless from any liability that may result from this treatment. I have given an accurate account of the questions asked above including all known allergies or prescription drugs or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I have read and understand the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions or concerns regarding my treatment or suggested home product / post-treatment care, I will consult the esthetician immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date _____

Esthetician _____ Date _____