



Thank you for coming in! How did you hear about us? \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth (we send special offers for your birthday): \_\_\_\_\_

E-mail address (so we can send you special offers): \_\_\_\_\_

Mailing address (for Thank You cards): \_\_\_\_\_

Have you ever had a skincare treatment? If yes, when was your last? \_\_\_\_\_

What areas of concern do you have with your skin? (circle all that apply)

Fine lines/wrinkles      Excess oil/acne      Dark areas (hyperpigmentation)  
Dry/irritated      Anti-aging      Nothing, just looking to relax

Do you currently use any of the following in your skin care routine?

Cleanser      Serums      Moisturizer      Eye cream  
SPF      Night cream      Scrub      Mask

Are you currently receiving any of the following treatments?

Cosmetic surgery      Cosmetic fillers      Cosmetic injections  
Chemical peels      Microdermabrasion      Laser hair removal  
Retin A

Have you ever had a negative reaction to the following?

Fragrances      Medication      Cosmetics  
Food      Other \_\_\_\_\_

Do you wear contact lenses?      Y / N

Are you currently pregnant?      Y / N

Are you taking birth control?      Y / N

Do you smoke?      Y / N

Any metal in your mouth or body (for electrotherapy)?      Y / N

Any food intolerances?

If Yes, please list: \_\_\_\_\_

Do you have any of the following health conditions, past or present?

Acne	Allergies	Arthritis/Bursitis	Cancer
Diabetes	Eczema	Claustrophobia	Epilepsy
Headaches	Hepatitis	Infections	HIV
Lupus	Pacemaker	Metal Implants	Psoriasis
Vitiligo	Serious injury	Thyroid issues	Phlebitis
Hypertension	Heart problems	Other autoimmune disease	

Please list any current medications, hormone replacements, and/or vitamins/supplements you are taking:

\_\_\_\_\_

What is your stress level? High \_\_\_ Medium \_\_\_ Low \_\_\_  
How many glasses of water do you drink daily? \_\_\_ glasses

How would you classify your skin based on the below? (only check one)

Always burns, never tans \_\_\_\_\_  
Burns easily, tans slightly \_\_\_\_\_  
Burns moderately, tans gradually \_\_\_\_\_  
Seldom burns, always tans well \_\_\_\_\_  
Rarely burns, deep tan \_\_\_\_\_  
Never burns, deeply pigmented \_\_\_\_\_

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved by Sweet Life Skincare, LLC. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the aesthetician, 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. I hereby release Sweet Life Skincare, LLC and the aesthetician harmless from any liability that may result from this treatment.

Client Name (printed): \_\_\_\_\_

Client Name (signature): \_\_\_\_\_

Parent/Guardian Name (signature): \_\_\_\_\_

Date: \_\_\_\_\_

Aesthetician: \_\_\_\_\_

Date: \_\_\_\_\_