the BRICKHOUSE massage and coffee bar

CLIENT SKIN CARE HISTORY AND RELEASE FORM

Name: ____

This profile should be filled out completely to allow your Esthetician to correctly evaluate your skincare needs for the services you will receive at The BrickHouse. This information is confidential and to be used by the Licensed Esthetician only.

1. When was your last facial? ______________________________
2. Are you currently under the care of a Dermatologist? ______________________________
3. Have you used Retin-A, Acutane or any other acne medications in the last year? ______________
4. Have you had a chemical peel or micro-dermabrasion treatment? ________ last one? _________
5. How would you describe your skin? ☐ Dry ☐ Oily ☐ Combination ☐ Other
6. List 3 things you like about your skin:

   ____

   ____

   ____
7. List 3 things you don't like about your skin:

   ____

   ____

   ____
8. What products are you currently using on your face? ______________________________
9. What brand do you usually use? ______________________________
10. How much water do you drink each day?

    ☐ less than 8 oz ☐ 8-16 oz ☐ 16-32 oz ☐ more than 32 oz
11. How many caffinated beverages do you drink each day?

    ☐ none ☐ 1-2 ☐ 3-4 ☐ 5 or more
12. Please list ALL ALLERGIES, especially allergies to plants, grass, fruits, vegetables and herbs.

    ____

    ____

    ____
13. For **FEMALE** Clients only:

    Are you taking oral contraception? ☐ Yes ☐ No

    Are you pregnant or trying to become pregnant? ☐ Yes ☐ No

    Are you lactating? ☐ Yes ☐ No
14. For **MALE** clients only:

    What is your current shaving system? ☐ Wet ☐ Electric

    Do you ever experience irritation from shaving? ☐ Yes ☐ No

    Do you experience ingrown hair? ☐ Yes ☐ No

I understand that the use of certain medications and over the counter products can significantly increase the risk of adverse reactions and/or injury. I hereby confirm that I am not using any medication that may cause or contribute to any such reaction/injury, and I will advise my therapist should I begin using any such medication in the future. I understand that there are inherent risks associated with skincare services, and I agree that as a condition of providing these services on an ongoing basis, I will not hold responsible, anyone at the BrickHouse, should there be any unfavorable outcome or result.

Client Signature ________________________________ Date __________________