

BOTANICA

— W E L L N E S S  S A N C T U A R Y —

THIS DOCUMENT IS INTENDED TO COVER ALL FACIAL, WAXING AND TINTING TREATMENTS RECEIVED AT BOTANICA WELLNESS SANCTUARY INCLUDING CHEMICAL PEELS, MICRODERMABRASION, EPIDERMAL LEVELING, ETC.

Thank you for taking the time to carefully fill out this form. The information you provide will help ensure that the esthetician has sufficient knowledge about your unique skin profile to perform a safe, effective treatment.

Date: _____

Name: _____

Email: _____

Phone: _____

Address: _____

Birthday: _____

Whom may we thank for referring you? _____

Office use only: INFO ON FILE

Please indicate if you allergic to any of the following:

Latex

Dairy

Lavender

Salicylic acid

Gluten

Pumpkin

Aspirin

Lemon/Citric Acid

Any other allergies/reactions?

Have you ever had an **adverse reaction** to any skin product, cosmetic, or **treatment** including hair dye/tinting? No

Yes: _____

In the past month have you used a prescription skin product such as Retin-A, Renova, Adapalene (Accutane),

Isotretinoin? No Yes _____

Do you have a history of any of the following?

- Cold sores/fever blisters/herpes
- Diabetes
- Epilepsy
- Hepatitis
- Other: _____
- Skin Cancer
- Dermatitis
- Keloid Scarring

Please read and select any of the following that apply:

- I have **metal implants** or a pacemaker
- I am under the care of a **dermatologist**
- I am **pregnant** or currently trying
- I am **breast feeding** or pumping
- I go **tanning** (either in a salon or outdoors)

In the last month have you had any of the following performed?

- Chemical peel
- Microdermabrasion
- Laser Resurfacing
- Injections/Fillers
- Other: _____
- Cosmetic Surgery
- Microblading
- Spray Tan

My skin is (check all that apply):

- Dry
- Oily
- Acne Prone
- Sensitive
- Combination

Please select which option best describes your skin:

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

Main skincare concerns:

- | | | |
|---------------------------------------|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Hydration | <input type="checkbox"/> Acne | <input type="checkbox"/> Skin texture/resurfacing |
| <input type="checkbox"/> Anti-aging | <input type="checkbox"/> Fine Lines/Wrinkles | <input type="checkbox"/> Scarring |
| <input type="checkbox"/> Clear pores | <input type="checkbox"/> Hyperpigmentation/sun spots | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Other: _____ | | |

What skincare products are you currently using?

- | | |
|------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cleanser | <input type="checkbox"/> Masque |
| <input type="checkbox"/> Toner | <input type="checkbox"/> Exfoliator |
| <input type="checkbox"/> Moisturizer | <input type="checkbox"/> Eye products |
| <input type="checkbox"/> Daily SPF (sunscreen) | <input type="checkbox"/> Serums |
| <input type="checkbox"/> Other: _____ | |

Any other information you wish to disclose before your treatment?

I have accurately answered the questions above, including all known allergies, 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. In the event I may have additional questions or concerns regarding my treatment, 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 and Botanica Wellness Sanctuary 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.

By signing below, I acknowledge and agree to the following: All treatments and procedures inherently include risks such as, but not limited to, infection, hyper or hypo pigmentation, redness, edema, and bruising. As in any cosmetic procedure, the treatment goal is for esthetic improvement, not perfection. The number of treatments necessary will vary between individuals and the areas being treated. Several factors including skin color, age, hormonal activity, genetic conditions, and other influences may decrease effectiveness of treatments. I hereby release and forever discharge Botanica Wellness Sanctuary and its practitioners from all claims, damages or action arising out of the performance of any treatments or procedures I may receive. I understand that there are no refunds on services. **I understand that I will be charged for appointments that I no-show and appointments that I cancel with less than 24-hour notification.**

Client Signature

Date Signed