

# Facials by Bonnie

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How would you like us to contact you? Email  Text  Mail  Phone

How did you hear about Facials by Bonnie: \_\_\_\_\_

Have you had a facial before? Yes  No  Have you had a peel before? Yes  No

What are your main skin concerns? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Acne                          | <input type="checkbox"/> Dehydration(tightness)        |
| <input type="checkbox"/> Blemishes                     | <input type="checkbox"/> Dryness (tightness/flakiness) |
| <input type="checkbox"/> Oiliness                      | <input type="checkbox"/> Lines and wrinkles            |
| <input type="checkbox"/> Brown Spots/Sun spots         | <input type="checkbox"/> Large pores                   |
| <input type="checkbox"/> Clogged pores/blackheads      | <input type="checkbox"/> Age prevention                |
| <input type="checkbox"/> Loss of tone/lack of firmness | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Redness/sensitivity           | _____  |
| <input type="checkbox"/> Rosacea                       | _____  |
| <input type="checkbox"/> Easily irritated by products  |  |

What is the MAIN purpose of your visit today?

- Acne treatment
- Deep pore cleansing and extractions
- Anti-Aging
- Relaxation & pampering
- Other: \_\_\_\_\_

Do you prefer extractions when you have a facial?

- Yes**, my skin needs lots of extractions
- No**, I prefer not to have extractions

**If you prefer extractions with you facial please read the following:**

Extractions are a corrective technique that gently and safely removes blackheads drains inflamed acne impactions and releases trapped ingrown hair where possible. Side effects of extractions include mild temporary tenderness, redness, swelling, sensitivity, flaking and small scabs. Superficial dark spots can occur at extraction sites and vary in the time they take to fade.

We cannot guarantee any lesion will not recur at a later date.

Given the time constraints we cannot guarantee every pimple, blackhead and ingrown hair can be extracted during a facial.

If you would like extractions, please initial to acknowledge the above statement: \_\_\_\_\_

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Are you presently under a physician's care for any current skin condition or other problem? Yes  No

If "Yes" please elaborate:

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Are you currently taking medications/dietary supplements? Yes  No

If "yes" please list:

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Do you have any allergies to cosmetics, food or drugs? Yes  No

If "yes" please list:

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Do you have an open sore such as cold sore, dermatitis? Yes  No

If "yes" please list:

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Please check if you are effected by or have any of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Herpes              |
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Eczema           | <input type="checkbox"/> H.I.V               |
| <input type="checkbox"/> Hepatitis        | <input type="checkbox"/> Pacemaker           |

## FEMALE CLIENTS:

Are you pregnant? Yes  No

Are you taking oral contraction? Yes  No

Do you have a regular menstrual cycle? Yes  No

If "No" please elaborate:

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Are you on Hormone Replacement? Yes  No

## MALE CLIENTS:

What is your current shaving system?

Wet  Electric

Do you experience irritation from shaving?

Yes  No

Do you experience ingrown hair?

Yes  No

Have you ever used the following?  Accutaine  Retin A  Tazorac

If "Yes" when and for how long? \_\_\_\_\_



**WHAT IS YOUR CURRENT SKIN CARE ROUTINE?**

<b>Do you use?</b>	<b>Yes/No</b>	<b>Which one &amp; how often?</b>
Cleanser	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Toner	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Moisturizer	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Serums	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Scrub	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mask	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sunscreen	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Products	Yes <input type="checkbox"/> No <input type="checkbox"/>	

I hereby release Facials by Bonnie from any liability connected with the services provided to me.  
*(Must be signed by parent/guardian for clients under the age of 18)*

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

Relationship to Client: \_\_\_\_\_

To cancel an appointment and avoid a \$50 cancellation fee please call 24 hours prior to scheduled appointment.