First Name_________________________________ Last Name ______________________________________
Street Address____Apt#/Unit__________
City____State________________Zip_____________
Email____ Cell Phone#__________________
Birthday (Month/Day) __________ /________ ☐ Under 21 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+
How did you hear about us?____

Your Health

1. Have you been under Physician or Dermatologist care within the last year? If so, why? ☐ Yes ☐ No
   ____
2. Have you had any health problems, past or present? If so, please list. ☐ Yes ☐ No
   ____
3. List all medications, supplements, vitamins, weight loss pills, Isotretinoin, etc. that you take regularly.
   ____
4. Do you smoke? ☐ Yes ☐ No
5. Do you exercise regularly? ☐ Yes ☐ No
6. Do you follow a restricted diet? ☐ Yes ☐ No
7. Do you wear contact lenses? ☐ Yes ☐ No
8. Do you have metal implants, pacemaker or body piercings? ☐ Yes ☐ No
9. Have you ever experienced claustrophobia? ☐ Yes ☐ No
10. Do you sunbathe or use indoor tanning? ☐ Yes ☐ No
11. Have you experienced direct sunlight or indoor tanning within the last 48 hours? ☐ Yes ☐ No
12. Do you drink more than 4 caffeinated beverages daily? (coffee, tea, soft drinks, etc.) ☐ Yes ☐ No
13. How many glasses of water do you drink daily? ______________________________
14. Please rate your level of stress (**0** as no stress to **5** as high stress) ________________
15. Please list all allergies or indicate NONE____

Your Skin

16. What are your specific concerns or challenges with your skin? ____
17. What skin care products are you currently using on your face?
    ☐ Soap ☐ Cleanser ☐ Toner ☐ Moisturizer ☐ Masque ☐ Exfoliator ☐ Eye products
18. Have you ever had chemical peels, microdermabrasion, or resurfacing treatments? ☐ Yes ☐ No
    If so, please describe and when?____
19. Do you retinol products, Retin-A, Renova, Adapalene, or any prescription skin products? ☐ Yes ☐ No
    If so, when and how often?____
20. Are you currently using any products containing any of the following ingredients?
    ☐ Glycolic Acid ☐ Lactic Acid ☐ Exfoliating ☐ Alpha Hydroxy Products
    ☐ Body Exfoliation ☐ Self-Tanning Products ☐ Vitamin A Derivatives (i.e. Retinol)
21. Do you experience? ☐ Flakiness ☐ Tightness ☐ Obvious Dryness
    ☐ Burning ☐ Itching ☐ Redness ☐ Stinging ☐ Acne
22. What SPF do you use **daily** on your face? ____________ Body? ___________ None? ______

Female Clients Only: Are you pregnant or trying to become pregnant? ☐ Yes ☐ No
Male Clients Only: Please list any shaving challenges ____________________________________None___________

I confirm (to the best of my knowledge) that the answers I have given are accurate. I have not withheld any information that could be relevant to my treatment, and/or I have updated all of the information since me last visit. I understand the services offered through The Body Works! LLC and companies or services associated with them are not a substitute for medical care, and any information provided is for educational purposes only and is not diagnostically prescriptive in nature. I agree to actively participate in my own healing. I have disclosed all known medical & physical conditions & will provide updates. I understand all policies(cancellation/timeliness) & will adhere to them. I recognize potential risk to my body & hereby certify that I know of no medical problem (except those noted) that would increase my risk of illness or injury as a result of participation in services offered. No services at The Body Works! are sexual in nature, & any said remarks or actions will end the service. By signing this consent form, I understand that I am personally responsible for my actions during my tenure with The Body Works! LLC & I waive the responsibility of The Body Works! LLC if I should incur any injury as a result of my negligence. I give my consent for an esthetician to perform my service(s).

Client Signature ______________________Date_______ Client Signature _______________________ Date________
Client Signature ______________________Date_______ Client Signature _______________________ Date________
Client Signature ______________________Date_______ Client Signature________________________Date________
Client Signature ______________________Date_______ Client Signature________________________Date________

Date: ____________

Last Name: ____________

First Name: ____________

TheBodyWorks! LLC

Esthetician Notes - Services/Products Used/Suspicious Lesions/Findings

Date	Notes	Initials