

Skincare Treatments- Client Information and Consent

Skin Care History

Have you ever had a facial treatment or chemical peel before? ____Yes____No

If yes, when your last facial?_____ Wax? _____ Chemical Peel? _____

Which of the following most closely describes your skin type?

- | | | |
|-----|--------------------------|----------------------------------|
| I | Creamy Complexion | Always burns easily, never tans |
| II | Light Complexion | Always burns, may tan slightly |
| III | Light / Matte Complexion | Burns moderately, tans gradually |
| IV | Matte Complexion | Seldom burns, always tans well |
| V | Brown Complexion | Rarely burns, deep tan |
| VI | Black Complexion | Never burns, deeply pigmented |

Do you have any special skin problems or concerns? _____

Do you use Retin-A or Retinol/Vitamin A derivative products? _____

Have you used any alpha-hydroxy acid or glycolic acid products in the last 48 hours? ____Yes____No

Are you currently taking any Accutane or have you taken it in the past? ____Yes____No How long ago? _____

Have you used other acne medication? ____Yes____No If yes, which one? _____

Are you exposed to the sun on a daily bases or do you use a tanning bed? ____Yes____No

Circle any skincare products you are currently using:

Cleanser

Toner

Mask

Moisturizer

Eye Product

SPF

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Exfoliator/Scrub

Night Cream

Treatment / Acne Product

Makeup

Please circle any areas of concern you have regarding your skin:

Breakout/Acne

Blackheads/Whiteheads

Excessive Oil/Shine

Rosacea

Broken Capillaries

Redness/Ruddiness

Sun spots/Brown Spots

Uneven Skin Tone

Sun Damage

Wrinkles/Fine Lines

Dry/Dull Skin

Flaky Skin

Dehydrated Skin

Sensitive Skin

Other: _____

Eyes: Dark Circles

Puffiness

Fine Lines

Please circle if you have ever had an allergic reaction to any of the following:

Cosmetics

Medication

Medication with light sensitivity

Animals

Sunscreens

Food

AHAs

Fragrance

Pollen

Latex

Collagen

Other: _____

Have you ever had Laser Resurfacing, Botox, Fillers, or other injections? _____

Ladies Only:

Are you taking hormonal contraceptives? ____Yes____No

Are you pregnant or trying to become pregnant? ____Yes____No

Experiencing any menopause problems? ____Yes____No

Are you undergoing any hormone replacement therapy or cancer treatments? ____Yes____No

I understand this consent form and have answered each question truthfully. I understand that withholding any information from my skin care professional may result in contraindications or skin irritation from treatments received. The skin care treatments I receive at Chris Le Salon are voluntary and I release Chris Le Salon from liability and assume full responsibility thereof.

Chris Le Salon

Signature _____ Date _____