## **SKINCARE**

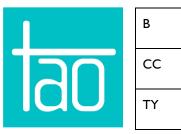
## **Client Information and Informed Consent Sheet**

Accutane

Differin

In order to serve you better and make the most or your session, please fill this form out PRIOR to attending your session. Thank you!

PLEASE PRINT		



DATE:					
SECTION 1: CLIENT INFO					
NAME		DOB		/	
ADDRESS	CITY	STATE	<u> </u>	ZIP	
PHONE  mobile	Mohile	provider			
☐ home		Mobile provider (to receive a text appointment reminder)			
EMAIL_	·		•		
(You will be added to the TaoMassage busines ☐ DO NOT ADD ME TO EMAIL LIST	ss list and receive periodic	annoucements, promotion	ons, etc)		
CIRCLE ONE ANSWER:					
I would like serivices performed at: T	AO 611 Bangs Avenu	e / at another lo	cation		
I would / would not li	ke notes to be kept o	n my progress/servio	es receiv	ed at TAO.	
SECTION 1: BACKGROUND INFO (plea	sa circla)				
1. What <b>type of massage</b> do you	•	medium	firm		
2. FEMALES: Are you pregna	•				
3. Are you wearing <b>contact lense</b>		No			
4. <b>ALLERGIES</b> and REACTIONS to	•				
Pollen	Cosmetics	•	Fruit		
Essential oils	hydroxy acids(i	.e. glycolic, salicylic)	Medicir	ne	
Sunscreens	skin care produ	ict, if yes which?	Iodine		
Shellfish	Fragrance		OTHER		
Animals	Food				
5. Have you ever been under a de	rmatologist's care?	Yes No			
if YES, When?		For how long?			
For what condition/s? _					
6. Have you ever had a skin treatr		Yes No			
If YES: WHEN was your		within 3-6mos	_	than 6mos ago	
What did you like abou	t the experience? $\_\_$				
What did you dislike ab	out the expereince?_				
SECTION 2: EXFOLIATION AND BLEAC	HING HISTORY (pleas	e circle)			
1. Have you <b>ever had any</b> of the f		•			
chemical peels	laser				
microdermabrasion	any resurfacing	treatments?			
2. Are you using any of the follow	ving products, if yes i	ndicate when last us	ed:		

Adapalenee

Retin A

Renova,

Tazorac

3.	Acne medication?	yes no	If yes, when a	and which drug	g?				
4.	Are you currently usin	ng any produc	<b>ts</b> that contain	the following	ingredients?				
	Glycolic Acid		exfoliating scrubs		Sulfur				
	Lactic Acid		Hydroxy acid	products	Cleocin-T				
	Salicylic Acid		Sulfur						
	Cortisone		Vitamin A de	rivatives (i.e. R	etinol)				
5.	Have you ever used a	bleach or fade	<b>e cream</b> or and	l over-the-cou	nter product?				
	Hydrod	quinone	Kojic Acid	Over-the-co	unter product:				
	Did you experience an allergic reaction to the bleach or fade cream such as:								
	swellin	ng itching	g fine b	umps					
6.	Any topical medication	ons that cause	you to peel?						
	Oral or Topica	l Antibiotics	Stero	ds (Prednison	e) Blood Thinners				
SECTIO	ON 3: YOUR SKIN (plea	se circle)							
	Describe your <b>skin ty</b>	•							
	Normal	oily	combination	(oily in T-Zone	) acne prone				
	water dry	oil dry	Combination	(Only III 1 Zone	, actic profile				
	water dry	on ary							
2.	What skin care produ	cts are vou <b>cu</b> i	rrently using?						
	soap	cleanser	exfoliant	masque	moisturizer				
	toner/astringent		sunscreen	others					
3.	On a scale of 1 to 10 (	(10 being the n 4 5	nost sensitive) 6 7	how sensitive 8 9	is your skin? 10				
	VOLID CIVINI CONICERN								
4.	YOUR SKIN CONCERN	15:		1-1' (					
	□ excess oiliness	☐ hyperpigmentation (sunspots or marks from breakouts)  ckheads ☐ redness/sensitivity or uneven complexion							
	☐ breakouts and blac	kneads							
	☐ tired, dull skin			would like smoother, more refined texture					
	<ul><li>□ dry skin</li><li>□ lack of firmness/ela</li></ul>	acticity.	□ puffy eyes	es around eye					
			□ dry/iiile iii	ies around eye	5				
	☐ interested in anti-a	ging solutions							
	Please	read the follo	wing stateme	nt carefully, th	en sign below.				
it is reco	ommended that I see a phy tion could result in injury a	sician for any phy ind/or illness and	vsical ailment I ma I hereby release	ny have. I also und TaoMassage and	dical examinations and/or diagnosis and that derstand that failure on my part to disclose its agents from any claims resulting in such. I provider therapist updated on my physical				
	rstand thay any information r in provinding suitable trea				other purpose than to assist your service cific requirements.				
	rstand that any illicit or sex tion of the session, and I w			_	e by me will result in the immediate ent.				
I have accura	-	derstand all of	the above an	d I have answe	ered all questions fully and				
	•								
CLIENT	SIGNATURE			DATE	<u> </u>				