



Remedial Wellness Centre

Facial Intake Form

Date: _____

Name: _____ MALE FEMALE

Address: _____ City _____ Prov: _____

Postal Code: _____ Home Phone: _____

Email: _____

Date of Birth: _____ (dd/mm/yyyy) Occupation: _____

Whom may we thank for referring you? _____

Health History

Do you now or have you had:

Diabetes	Yes	No	Heart Disease	Yes	No
Stroke	Yes	No	High Blood Pressure	Yes	No
Athletes Foot	Yes	No	Skin Problems	Yes	No
HIV/AIDS	Yes	No	Hepatitis	Yes	No
Blood Clots	Yes	No	Numbness/Tingling	Yes	No
RLS	Yes	No			

List previous injuries and/or surgeries (pertaining to treatment only):

Are you or could you be pregnant? Yes No If yes, how many weeks? _____

Wellness History

Have you ever received professional skin treatment before?_ Y N Date of last treatment_____

If you could improve two things about your skin what would they be?

What products are you currently using on your skin?

Are you currently under a physician's care for a skin condition or any other health issue?

Are you currently taking medications; including hormone replacements, birth control pills, or antibiotics?

6. Are you using Acutane, Azelex, Renova, Retin-A (retinol), Tazarac, or products with Glycolic or Alpha Hydroxy Acids?

7. Have you ever received Micro-dermabraion, Enzyme Peels, Acid or Chemical Peels, or Waxing Services? If so, how recently?

8. Do you have any allergies or have you ever had a negative reaction to cosmetics, iodine, shellfish, fruits, or vegetables?

9. How often do you protect your skin from the sun and what do you use?

10. Is your daily water intake high, medium, or low?

11. Are you claustrophobic or do you have sensitivities around your neck or upper body?

12. Do you have any concerns about your health today or do you have any questions for your esthetician?

Skin Type

1. Do you experience frequent blemishes? _____
2. Have you ever had acne? _____
3. Do you experience oily skin or shine during the day? _____
4. How often do you exfoliate your skin? _____
5. Do you ever have an ashy complexion? _____
6. Do you experience flakiness or tightness? _____
7. Do you flush easily? _____
8. Do you have extreme redness at anytime? _____
9. Do you work outdoors or indoors? _____
10. Do you spend most of your free time outdoors or indoors? _____

Client Consent to Treatment & Cancellation Policy

I understand that the treatment I am about to receive is for the well-being of my body and mind and I agree to communicate with my esthetician at any time if I feel as though my well-being is being compromised.

I understand that all therapists at Remedial Wellness Centre are licensed professionals who are not health care providers who diagnose illness or diseases or prescribe medical treatment.

I have stated all medical conditions that I am aware of and will update my therapist if anything changes in my health status. I understand that with any treatment certain risks are involved and that any complications or side effects from known or unknown causes could occur.

To insure my safety I have given an accurate account of my medical history including all known allergies or prescription drugs or products I am currently ingesting or using topically.

In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult my aesthetician as soon as possible.

For my own relaxation and that of other clients I will silence my cell phone and refrain from making or receiving calls until my service is complete.

Out of respect for our practitioner's time, as well as yours, we will be charging a 50% cancellation fee for no show or cancelled appointments without 12 hours' notice.

By signing this confidential form I agree to the above terms and release Remedial Wellness Centre and its employees from any liability.

Signature _____

Date _____