



Allergies:

Facial/Body Scrub Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone number: _____ Would you like to receive confirmation text messages or emails?

Email: _____ (circle one) Text Email Both

In case of emergency, contact: _____ # _____

Skin Information

- | | | |
|---|-----|----|
| 1. Do you have any health problems or concerns that we need to be aware of before we begin the treatment? | Yes | No |
| If yes, please describe: _____ | | |
| 2. Are you pregnant? | Yes | No |
| 3. Any recent surgery on your face, neck, or shoulders? | Yes | No |
| If yes, please describe: _____ | | |
| 4. Do you smoke? | Yes | No |
| 5. Have you taken Accutane within the past 12 months? | Yes | No |
| 6. Have you used Renin-A/Renova, or any powerful alpha hydroxyl acids within the last 3 months? | Yes | No |
| 7. Have you had a medical peel within the past 6 hours? | Yes | No |
| 8. Do you have a pacemaker, or any pins in bones? | Yes | No |
| 9. Do you currently wear contact lenses? | Yes | No |
| 10. Are you currently under a physician's care for any skin condition? | Yes | No |
| If yes, please describe: _____ | | |
| 11. Have you ever had an adverse reaction do a cosmetic product, skin-care treatment, or ingredient? | Yes | No |
| If yes, please describe: _____ | | |
| 12. Do you have any allergies? | Yes | No |
| If yes, please list here: _____ | | |
| 13. Do you give permission for the Esthetician to use surface peeling products during your facial? | Yes | No |
| 14. Do you have varicose veins? (For body scrubs only) | Yes | No |
| 15. Are you sensitive to touch in any area? | Yes | No |
| 16. What are your skin concerns or challenges? _____ | | |
| _____ | | |
| What are you currently using on your skin? | | |
| 17. Daytime: _____ Evening: _____ | | |
| Weekly Special Treatments: _____ | | |

Please go to back of page to read disclosure and sign consent!

Cancellation Policy and Arriving Late- 24-hour notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. There will be a **\$25** fee assessed to your account for any late cancellations or no-show clients. If you arrive late, your session will be shortened to accommodate appointments that follow yours. Regardless of the length of the treatment given, the session will be charged in full.

Client Consent/Liability Waiver- *Facials/ Massage/ bodywork should not be performed under certain medical conditions.* The information that I provided is accurate and complete. I agree to keep Evolve informed of any changes in my medical profile and understand that there shall be no liability on Evolve's part should I fail to do so. The services I am schedule for require person to person contact. By signing below, I am acknowledging this and giving permission to be treated at Evolve Massage and Wellness Center, LLC. Evolve Massage & Wellness Center is not responsible for any items that you may leave unattended. We strongly recommend leaving expensive, personal items at home, or locked in your car. If you do bring them with you, be sure to gather all items from the treatment room prior to leaving.

By signing this Agreement, I RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE, INDEMNIFICATION, HOLD HARMLESS, LIMITATION OF WARRANTY Evolve Massage and Wellness Center responsible for contracting communicable/contagious diseases and conditions such as, but not limited to, Influenza, COVID-19, other viruses, and contagious skin conditions.

Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment for the scheduled appointment.

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____