



Lavender Retreat Wellness Club

1236 Pennsylvania Ave SE, Washington DC, 20003

SKINCARE FACIALS & PEELS

All written records are kept strictly confidential and will not be shared with any outside establishment, individuals, organizations, or medical facilities without explicit written consent from the client (you) or the client's legal guardian – unless legally required by local, state or federal subpoena, summons, or other court order.

INFORMATION

LAVENDER RETREAT ID NUMBER: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State _____ Zip: _____

Email: _____ Work Phone: _____

Phone: _____ Cell Phone: _____

Female Male Single Married Widowed Divorce Minor

Occupation: _____

Employer/School: _____

Birthdate: _____ Anniversary Date: _____ Work Phone: _____

In Case of Emergency, Contact:

Name: _____ Relationship: _____ Phone: _____

Have you ever had a facial or peel before? Yes No If yes, please specify _____

Are you sensitive to fragrances, perfumes or certain types of essential oils? _____

Please list your allergies: _____

Are you currently under the care of a dermatologist? Yes No

If yes, specify for what condition(s) _____

Are you on any prescriptions? _____ If yes, specify _____

Are you using: Differing Renova Rentia-A Tazarac Aza;ex Glycolic or AHA

Are you now using or have ever used Acutance? Yes No

Have you had skin cancer? Yes No If yes, please specify where and when _____

Do you take vitamin supplements? Yes No If yes, specify _____

Do you exercise regularly? Yes No If yes, specify _____

Please rate your stress level on a scale of 1 (Least Stress) to 10 (Most Stress): _____

When you go into the sun and how often do you burn: Always Usually Sometimes Rarely

What skin conditions are you concerned about? Sun Spots Skin Laxity Swelling Other

What is your skin type? Normal Dry/Dehydrated Oily Acne/Acne Prone Rosacia

INFORMED CONSENT (FOR ALL SKINCARE APPOINTMENTS)

Informed Consent and Skincare Policies:

I take full responsibility for any of the skincare services that I am receiving today and their circumstances and contraindications. **I am responsible to inform the Esthetician when any of the information contained in this form changes.** I understand that the services offered are not a substitute for medical care, and any information provided by the Esthetician for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the Esthetician in giving better service and is completely confidential.

Privacy Policy: All written records and skincare sessions are kept strictly confidential and will not be shared with any outside establishment, individuals, organizations, or medical facilities without explicit written consent from the client (you) or the client's legal guardian - unless legally required by local, state or federal subpoena, summons, or other court order.

I acknowledge that I understand my rights as a client receiving skincare services from Lavender Retreat.

Client Signature
(Parent or Guardian if under 18 yrs. Old)

(Master) Esthetician Signature

Date:

Date: