

SKINFAIRY

Client Profile

Personal Details

Name: _____ Date: _____
Phone: _____ DOB: _____ Sex: F/M _____
Street Address: _____
Suburb: _____ State: _____ P/code _____
Email Address: _____

Lifestyle

What is your occupation? _____
How would you rate your stress levels out of 10 (10 being very high)? _____
Do you participate in vigorous sports or aerobic activity? How often? _____
Have you been sick recently? Cold, flu or infections? _____
Are you currently sun or wind burnt? _____

Current or Previous Treatments

Do you get facial waxing/electrolysis/or use depilatories? _____
(Wait 14 days between treatments.)
Have you had any light based therapy treatments within the last 14 days? _____
If Yes, what sort? _____
Have you had any dermal fillers or Botox in the last week? _____
Have you ever had a peel before? _____ or within the last 14 days? _____
What kind? _____
Describe your reaction: _____
Have you had any other skin treatments such as Microdermabrasion, Epidermal Levelling or Dermal Needling within the last 14 days? _____

Have you had recent facial surgery? _____

Medical History

Are you pregnant, lactating or trying to conceive? _____

Are you allergic to: (circle all that apply)

Milk, eggs, nuts, apples, citrus, grapes, Aloe Vera, Aspirin, or any essentials oils?

Any other allergies? If so, what? _____

Are you currently taking the contraception pill? YES / NO - If so, what type _____

Do you get regular periods? _____

What is your heritage? _____

How do you heal from a cut? (Circle one) **Brown pigment/ Pink then fades to white**

Are you using/ have you used:

• Prescription Retin A: _____ How frequently? _____

Where do you apply it? _____

• Roaccutane: _____ How long for? _____

• Hormone/Supplements/other medication: _____

• Do you suffer from a hormone imbalance? If so what is it? _____

Do you smoke? _____ Get cold sores? _____

Please tick if in the past or present you have had any of the following?

Heart Disease <input type="checkbox"/>	Cancer <input type="checkbox"/>	PCOS <input type="checkbox"/>	Hormonal Imbalance <input type="checkbox"/>
Diabetes <input type="checkbox"/>	Thyroid Disease <input type="checkbox"/>	Asthma <input type="checkbox"/>	Severe Depression/Anxiety <input type="checkbox"/>
Hay Fever <input type="checkbox"/>	Eczema <input type="checkbox"/>	HIV <input type="checkbox"/>	Crones Disease <input type="checkbox"/>
Hepatitis B <input type="checkbox"/>	Hepatitis C <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Claustrophobia <input type="checkbox"/>

Do you have any other medical conditions, if so, what are they? _____

Diet and Nutrition

Do you crave sugar, coffee, cigarettes, or have any major addictions? _____

Are you gluten intolerant? _____

Do you eat dairy? _____

Do you experience yeast infections or urinary tract infections? Please explain:

Do you experience energy slumps during the day?

Do you have regular bowel movements (1-2x daily)? _____

How much water do you drink daily? _____

Skincare and Nutrient Support

What is your home skincare regime?

AM _____

PM _____

Are you currently using or have you used?

Glycolic or other AHA home care products. If so, which one(s)?

How does your skin react to them?

Have you ever used any products that caused a bad reaction? Please describe:

Please tick the areas you would like to improve with your skin:

- | | | | | | |
|------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| Colour <input type="checkbox"/> | Texture <input type="checkbox"/> | Freckles <input type="checkbox"/> | Scaring <input type="checkbox"/> | Firmness <input type="checkbox"/> | Capillaries <input type="checkbox"/> |
| Wrinkles <input type="checkbox"/> | Neck Area <input type="checkbox"/> | Décolletage <input type="checkbox"/> | Blackheads <input type="checkbox"/> | Smoothness <input type="checkbox"/> | Dryness <input type="checkbox"/> |
| Pore Size <input type="checkbox"/> | Breakouts <input type="checkbox"/> | Acne <input type="checkbox"/> | Rosacea <input type="checkbox"/> | Other:..... | |

SKIN FAIRY

CLINIC

TREATMENT CONSENT & IMAGE CONSENT

This treatment should give improvement and restoration to the appearance of the skin. However, each individual's result will vary depending on his or her skin type and condition. While many will be satisfied with just fewer treatments, other clients may require several treatments over a period of time to achieve their desired results. Please inform your therapist of any problems (e.g. allergies, sensitivities, or medications) and follow any instructions you are given. As with any treatment, there is always a very small possibility that you could have a negative reaction that the therapist could not predict. **Please ensure you have completed the pre-treatment medical history form and have informed your therapist of any pre-existing skin or medical conditions, treatments or medicines.** Although The Skin Fairy Pty Ltd endeavors to ensure that all clients receive the best possible care and results, at no time does it make any guarantees or undertakings that any treatment or product will cure, alleviate, prevent, eliminate, or retard any injury, illness or condition.

I have read the above and initialed all points and paragraphs. I have asked any questions I might have regarding this treatment. I realise that there is a possibility of contradictions and adverse effects in my undergoing treatment. I agree to notify my therapist should I have any contradictions as a result of my treatment. I agree to hold my therapist without fault should I experience any discomfort, contradictions or adverse reactions as a result of my treatment. Should any one or more of the above contradiction not occur, I understand that this is not necessarily an indication that the treatment is not working but rather that my condition and state of health causes me to respond well to organic material.

*Skin Fairy Clinic may take photographs and/or videos of your treatment (**Images**) for use on social media as well as for education purposes.*

If you consent to such Images being taken and used by The Skin Fairy, please read the paragraphs below and sign at the foot of this page.

- I understand that the Images may be used on The Skin Fairy's website, Instagram page or other forms of social media.
- I grant The Skin Fairy the right and permission to take, use and publish the Images either separately or together, wholly or in part, without restriction.
- I agree that the Images shall be deemed to represent an imaginary person and are not to be attributed to me personally, unless I consent to my name being used.
- I undertake not to prosecute or to institute proceedings, claims or demands against The Skin Fairy in respect of use of the Images and I release The Skin Fairy from all claims and liability relating to the Images.
- I have read the above paragraphs carefully and fully understand their meanings and implications.

DECLARATION I..... hereby declare that I have read the above in its entirety. I have a full and complete understand of the information described above and how this could affect me. I consent to and accept the terms on that understanding. Further I confirm that I have freely and voluntarily signed this declaration and acknowledge that I have not been induced by The Skin Fairy Pty Ltd or any of its associates, therapists or staff.

Client Signature..... Therapist Signature.....

Date/Time.....