

Name _____

Date _____

Address _____

Cell Phone _____

Date of Birth _____

Email _____

Were you referred? _____

When/Where was your last skin treatment? _____

Were you happy with your past skincare treatments? YES NO

Have you ever had a reaction from any skincare product or cosmetic? YES NO

If yes, please describe: _____

What products are you currently using for your skincare? _____

Are you happy with your current skincare regimen? YES NO

When did you last see a dermatologist? _____

Are you currently under a dermatologist care? YES NO If yes, please explain: _____

Do you receive any injectable or laser treatments? If so, what and when was it last administered?

Do you currently Take/Use Accutane, Retin-A, Renova or other Topical Vitamin A (retinol) products? YES NO

Have you ever used any prescription for skin care? YES NO If Yes, what RX and when? _____

Please list any medications you are currently taking, both internal and topical:

Do you take any supplements? If so, please list _____

Are you allergic to any of the following? Aspirin Benzoyl Peroxide Salicylic Acid (BHA)

Please list any other known allergies: _____

Are you currently or recently pregnant? YES NO

Please Initial (Please Read Carefully)

I agree to follow ALL post care instructions, exactly as they are presented.

I do not have active cold sores

I have not taken Accutane in the past year

I agree not to wax for 7 days pre/post treatment

I have not had any injectables done in the last 7-14 days

I understand the possible allergic reaction notification

I agree to notify esthetician of any concerns

I hereby consent to and authorize Refinery4 to perform a facial treatment on me. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications.

Therefore I release the Licensed Esthetician and Refinery4 from any and all claims, liabilities, damages, actions, or causes of action arising from the facial treatment received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the esthetician, to the fullest extent allowed by law. If my esthetician provides me with post-treatment home care instructions or suggest certain facial products, I understand the importance of following their specific instructions. In the event that I have any

questions or concerns, I will consult the esthetician immediately. I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the facial treatment and accept the risk. If I have any questions, I will ask the esthetician before I receive any treatment. I accept the terms of this agreement and will not hold the esthetician or Refinery4 liable for any of my conditions that were present at the time of service, but not disclosed at the time of the skin care procedure, which may be affected by the treatment today.

Client Signature _____

Date _____