

TREATMENT IN-TAKE FORM

How did you hear about us?	
Name:	Phone (c):
Address:	Phone (other):
Email:	Birthday: / /

Circle Y or N	Pre-Treatment Assessment	Circle Y or N	Procedures done in the last 6 weeks:
Y N	6-8 hours' sleep each night?	Y N	Chemical Peel
Y N	Min. 64oz. water each day?	Y N	Injectables (Botox, filler, thread, etc.)
Y N	Drink caffeine daily?	Y N	Microdermabrasion treatment
Y N	Are you a smoker or vaper?	Y N	Microcurrent treatment
Y N	Daily sun exposure?	Y N	Permanent Tattoo cosmetics
Y N	Do you use tanning beds?	Y N	Laser treatment
Y N	Daily sunscreen/sunblock usage?	Y N	IPL treatment
Y N	Daily vitamins/supplements?	Y N	Ultrasound treatment
Y N	Do you follow a strict diet?	Y N	Radio Frequency treatment
Y N	Does your skin Keloid scar?	Y N	Electrolysis
Y N	Any allergies?	Y N	Oxygen treatment
Y N	Any sensitivity to products current or in the past?	Y N	Acne treatment
		Y N	Any other treatment: _____

Circle Y or N	MEDICATIONS	Circle Y or N	Medical History
Y N	Antibiotics (oral)	Y N	Anemia
Y N	Antibiotics (topical)	Y N	Autoimmune Disorder
Y N	Accutane	Y N	Cancer: if yes, type:
Y N	Benzoyl Peroxide	Y N	Diabetes: if yes, type:
Y N	Beta Blockers	Y N	Epilepsy
Y N	Birth Control:	Y N	Fibromyalgia
Y N	Hormone Replacement	Y N	Hemophilia
Y N	Lithium	Y N	Hepatitis
Y N	Prescription Topical i.e., Hydroquinone	Y N	Herpes Simplex /Cold Sores
Y N	Retin - A (Rx)	Y N	HIV / AIDS
Y N	Steroids	Y N	High Blood Pressure
Y N	Tazorac/Differin/Aczone, etc	Y N	Hormone Imbalance
Y N	Thyroid medication	Y N	Hysterectomy
Y N	Other:	Y N	Lupus: if yes, type:
Y N	Other:	Y N	Metal pins or plates
Y N	Other:	Y N	Psoriasis
Y N	Other:	Y N	Staph Infection
Y N	Other:	Y N	Thyroid Problems
Y N	Other:	Y N	Surgeries:

Circle Y or N	<u>FEMALE CLIENTS ONLY</u>	Circle Y or N	<u>MALE CLIENTS ONLY</u>
Y N	Do you have regular menstrual cycle?	Y N	Wet shave?
Y N	Any menstrual problems?	Y N	Electric shave?
Y N	Pregnant or trying to conceive?	Y N	Do you experience ingrown hairs?
Y N	Currently breastfeeding/lactating?	Y N	Do you experience irritation from shaving?
Y N	Currently taking oral contraception?		
Y N	During pregnancy experience melasma?		
Y N	Currently or past menopause?		
Y N	Currently using Hormone Replacement Therapy?		

Initial here

Client Consent:

- I have completed this Consultation Form accurately. I have been candid in revealing any conditions or medications that could prohibit treatment(s), such as pregnancy, cold sores, use of hormones, recent treatments, and allergies.
- I acknowledge that there is always a possibility of an adverse reaction with any facial, peel, microdermabrasion, massage or waxing, and that this is the case regardless of precautions taken. I accept full responsibility for any adverse reactions that occur from my negligence and I agree to not hold the service provider or Complexions responsible for any adverse reactions.
- I hereby authorize the practitioner to perform the treatment(s) we've discussed. I verify that all information disclosed here is true and correct.
- I will immediately contact Complexions to consult over any adverse reactions or questions I might have after my treatment.

Initial here

Client Cancellation/ Appointment Policy:

- 24-hour notice is required. You will be charged for missing your appointment without proper notice.
- You may cancel or reschedule by calling (808) 955-6262. Cancellations are not accepted by email.
- Your appointment has been reserved just for you. In order to honor our time, the time of the therapist, and the time of other clients, Cancellation Policies will be enforced.
- **'No shows'** are clients who fail to attend their appointment, for any reason. No shows will be charged the full price of the booked treatment, as follows:
 - Charged to the credit card on file, or
 - Billed for the full amount, or
 - Your voucher or gift certificate will be forfeited to cover your fee.
 - Fees are due before any further services will be given.
- **Late Arrivals:** your treatment time will be shortened to fit into the time you've allowed. If you arrive more than 15 minutes late your appointment is forfeited and you will be charged 100%.
- If you are charged the full amount of your service due to late arrival or no show, and you'd like to rebook the service, you can earn back 50% of the fee by rescheduling your appointment within 7 days. A credit card will be required.

Return Policy:

Refunds or exchanges given on unopened & unused product within 10 days of purchase. All sales final on services, treatments, pre-pays, memberships and gift cards.

Facial Clients:

I consent to photographs taken of my face to be used for monitoring treatment progress (not to be used for advertising, online or public use).

Client's Signature: _____ Date: _____

Parent Signature (for minor children): _____