



Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you seen a doctor in the past year for a skin disorder?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently under a doctor's care?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you currently taking any prescription drugs?  Yes  No

If yes, please list: \_\_\_\_\_

Are you pregnant?  Yes  No Are you diabetic?  Yes  No

Do you smoke?  Yes  No

Do you presently have....  Any viral disease (cold, flu, etc)  Sinus infection

Do you or have you ever had.... (check all that apply)

Cancer  Enlarged lymph nodes  Thrombosis  Active immune deficiency issues

Acne  Eczema  Dermatitis  Seborrhea  Psoriasis  Herpes Simplex

Do you have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you reacted unfavorably to any plant or honey-based ingredient?  Yes  No

If yes, please explain: \_\_\_\_\_

***If you are wearing contacts please remove them before service begins.***

***Contact case and solution is available if needed.***

Over →

Please tell me about your skin care regimen:

PRODUCT	USE	BRAND NAME	PRODUCT	USE	BRAND NAME
Cleanser	AM/PM		Exfoliator	AM/PM	
Toner	AM/PM		Masque	AM/PM	
Moisturizer	AM/PM		Sunblock #	AM/PM	
Treatment	AM/PM		Retinoid	AM/PM	
Treatment	AM/PM		Alpha Hydroxy	AM/PM	
Eye Cream	AM/PM		Skin Bleachers	AM/PM	

My mission is to provide the highest quality of service in a relaxing atmosphere. Your appointment time is reserved specially for you. ***If you are unable to make your appointment please notify 24 hours in advance or you will be billed at the current rate.*** Clients should also understand that the purpose of the facial service is for relaxation and help your face feel rejuvenated. If you experience any discomfort during session please inform me immediately. You should further understand that the facial service should not be construed as a substitute for medical examination, diagnosis, or treatment and that you should see a physician, dermatologist or other medical specialist for any medical or physical conditions. It is your responsibility to inform SpecialTee Make-up of any or all allergies or skin conditions that could conflict with the facial service. It is also your responsibility to inform of any changes to your health or medication that you begin. There shall be no liability on practitioner's part should you fail to do so.

Signature \_\_\_\_\_

Date \_\_\_\_\_