



Facial Release Form

Date: _____

Name _____ Phone (____)____ - _____ DOB _____

Address _____ City _____ State ____ Zip _____

Email _____

*Email is used for appointment confirmation. Would you like to receive emails on weekly and monthly specials or discounts? (Yes No)

Emergency Contact _____ Phone (____)____ - _____

Today's service: _____

Have you had a facial/microderm/peel before? _____

If so, how long ago? _____

Are you currently under the care of a physician?

(Yes No) If yes, for what? _____

Have you seen a physician in the last 6 months for any skin related issues? (Yes No)

If yes, for what? _____

Have you used any of the following hair removal methods in the past 2 weeks:

Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

Circle any of the following that you have used in the last 3 months:

- Retin A
- Salicylic Acid
- Self Tanner
- Acutane
- Benzoyl Peroxide
- Glycolic Acid
- Alpha Hydroxy Acid
- Granular Scrub
- Hydroquinone
- Any other chemical exfoliates:_____

Have you had any of the following: (please circle)

- Acne
- Eczema
- Dermatitis
- Psoriasis
- Herpes Simplex
- Skin condition not listed:_____

Have you had an allergic reaction to any of the following: If so, please circle

- Cosmetics
- Fragrance
- Medicine
- Shellfish
- Animals
- Food
- Sunscreens
- Latex

If so, please explain:_____

Please circle ALL that apply to you:

- Smoke
- Facial surgeries
- Blackheads
- Broken Capillaries
- Sun Damage
- Pigmentation/Age spots
- Skin tone
- Product sensitivity
- Contact lenses
- Dry skin
- Oily skin
- Lines/Wrinkles

Product	Often	Sometimes	Brand
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Cleanser			
Toner			
Moisturizer			
Eye Cream			
Facial Scrub/Peel			
Masks			
Prescription (Retin-A)			
Acne/ Spot Treatment			
Sunscreen			

How often do you use the following products:

Female Clients Only:

Are you taking oral contraceptives? (Yes No)

Specify: _____

Any recent changes to or from your contraceptive treatment? (Yes No)

If so, what and when: _____

Are you pregnant or trying to become pregnant? (Yes No)

Are you lactating? (Yes No)

Any menopause problems? (Yes No)

Specify: _____

Are you undergoing any hormone replacement therapy? (Yes No)

Specify: _____

Male Clients Only:

What is your current shaving system? (Wet Shave Electric)

Do you experience irritation from shaving? (Yes No)

Ingrown hairs? (Yes No)

I hereby consent to and authorize **Taylor Ford** to perform the following procedure:

_____.

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved, by _____. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, 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 procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name

(Printed) _____

(Signature) _____

Esthetician Signature

Esthetician Notes Only: