

Confidential Skin Health Questionnaire

Today’s Date: Name: Age: DOB:

Address: City: State: Zip:

Cell Phone: Home Phone: Work Phone:

Email Address (for birthday discount & other promotions):

How did you hear about us? (If referral, by whom?):

List of **ALL** allergies:

List **ALL** medications you are currently taking:

Are you pregnant? Trying to get pregnant? Hormone Therapy: Prone to cold sores?

Do you smoke? Number of Cigarettes per day? Do you live with a smoker?

How many ounces of water do you drink daily? Do you take any supplements/vitamins?

Do you exercise? If yes, how often? Last sunburn? Do you use tanning beds?

When you are in the sun, do you (circle one)

Always burn Usually burn Sometimes burn Rarely burn Very rarely burn Never burn

Have you received any of the following treatments in the past 30 days from a: Dermatologist \_\_ Esthetician\_\_

 Facial Cosmetic Surgery Fillers Microdermabrasion

 Botox Injections Light Treatments Chemical Peels

 Collagen Injections Laser Resurfacing

Are you currently using any skin thinning prescriptions? (Retin-A, Retinol, Accutane, etc.) Yes or No

Circle how you currently feel about your skin: (Bad) 1 2 3 4 5 6 7 8 9 10 (Good)

What is your skin type?

 Normal Dry/Dehydrated Oily Acne/Acne Prone Rosacea

DISCLAIMER OF LIABILITY WHERE PROHIBITED BY LAW. I AGREE THAT HAUTÍGO SPA, KPLOGIC LLC. AND EACH OF THEIR RESPECTIVE EMPLOYEES, OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS, PARTNERS, AND AGENTS WILL NOT BE LIABLE FOR ANY ACCIDENT OR INJURY INCLUDING WITHOUT LIMITATION, PERSONAL, BODILY, OR MENTAL INJURY, ECONOMIC LOSS OR ANY DAMAGES TO ME, WHETHER RESULTING FROM NEGLIGENCE OR OTHERWISE RESULTING FROM MY PARTICIPATION IN ANY SERVICES OR PRODUCTS.

**Disclosures**

**RELEASE -** In exchange for this service and other good and valuable consideration. I and each of my heirs, executors, administrators, agents, and assigns, hereby release Skincare/Massage Therapist, HAUTÍGO SPA, KPLOGIC LLC, and each of their respective employees, officers, directors, shareholders, members, partners and agents, in their corporate and individual capacities, from any and all claims, demands, losses or causes of action that may have accrued as a result of my participation in any product or service provided to me and/or as a result of my use of the HAUTIGO facility.

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 Guest Name (Please Print) Guest Signature Date

For guests under the age of 18, a parent or gaurdian will be responsible for reading, acknowledging and signing this Consent and Release for their child. No services will be performed on anyone under the age on 10 unless discussed with management.

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Parent or Gaurdian Name (Please Print) Parent or Gaurdian Signature Date

I have verfied that I have read all of the information on the front and/or first page and agree that all of the information is correct.

Service(s) being performed today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guest Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

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Service(s) being performed today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guest Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

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Guest Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guest Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_