



Listed: \_\_\_\_\_ B&amp;B \_\_\_\_\_ B&amp;BRRGC# \_\_\_\_\_

**Please fill out all *skin care* information as accurately and thoroughly as possible.**

We accept Cash, Check & Credit Card payments (with photo identification ONLY)

**Fill out form completely.**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #'s: Daytime: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

e-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. **How did you hear about us?** (Google, Our Website, Yahoo, CitySearch) **Were you referred by anyone?** Tell us who we can thank.

2. Skin Type: \_\_\_\_\_

3. Special Concerns: \_\_\_\_\_

4. Skin Care Routines: \_\_\_\_\_

5. Problems: *Breakouts* *Acne* *Photo-aging* *Wrinkles* *Pigmentation* *Couperose (redness)*

6. Skincare product or Line Used: \_\_\_\_\_

7. Specific Products: \_\_\_\_\_

8. Make-up Products Used: \_\_\_\_\_

9. Skin-Care Specialists' Analysis: \_\_\_\_\_

10. Conditions: \_\_\_\_\_

11. Notes: \_\_\_\_\_

12. Home Care Recommendations: \_\_\_\_\_

13. Would you like us to tell you what we are doing or would you prefer to enjoy the quiet? \_\_\_\_\_

14. Client Uses the Following on Face: (please check all that apply)

<ul style="list-style-type: none"> <li>-Body Scrub</li> <li>-Body Lotion or Cream</li> <li>-Body Soap</li> <li>-Facial Soap</li> <li>-Facial Scrub</li> <li>-Exfoliant</li> <li>-Mask</li> <li>-Contagious Disease</li> <li>-Skin Infection</li> <li>-Cleansing cream or lotion</li> <li>-Eye make-up remover</li> </ul>	<ul style="list-style-type: none"> <li>-Night cream</li> <li>-Hand Cream</li> <li>-Neck Cream</li> <li>-Day Cream</li> <li>-Eye Cream</li> <li>-Skin Freshener</li> <li>-Sunscreen sun protection factor: _____</li> <li>-Taking Vitamins Now?</li> <li>-On Medication Now? List meds:</li> <li><b>-Other Conditions:</b></li> </ul>
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**Skin Peel Policy:**

This is to acknowledge that I, \_\_\_\_\_, have been given verbal instructions pertaining to my skin peel. I know that if I have any complications or allergic reaction I am to contact my skin therapist immediately.

**Cancellation Policy:**

Because we reserve the room and facialist's time especially for you, please give us at least 24 hours notice to avoid paying the full value of the service for any cancellations or re-scheduling to a later time or date.

If you are moving your appointment earlier and we can accommodate your request there will be no charge. Because we may turn people away for the time we hold for you, the cancellation policy still applies even if you are making the appointment for the same day.

No-shows and same-day appointment cancellations less than 24 hours will be charged the full value of the treatment reserved, and/or any gift certificate associated with that appointment will count as services rendered.

A cancellation confirmation number will be given to you as your proof of exactly when your appointment was cancelled or changed.

I understand the above policies and agree to them.

Signature of Client: \_\_\_\_\_ Client's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Skin Care Specialist: \_\_\_\_\_ Date: \_\_\_\_\_