

SKIN CARE

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY/STATE/ZIP CODE:

PRIMARY PHONE:

MOBILE:

EMAIL:

BIRTHDAY:

HOW DID YOU HEAR ABOUT US?

Is this your first facial? yes / no If no, when was your last facial: _____

What are your treatment goals? _____

What are your areas of concern? _____

Do you use a home care regimen? yes / no If yes, please describe: _____

Any burning or itching of the skin? yes / no If yes, please describe: _____

Exposure to the sun (please circle): never / light / moderate / excessive

Do you smoke? yes / no If yes, specify daily amount: _____

How many glasses of water do you drink a day? _____

Do you have, or use (circle all that apply): retin A...epilepsy...heart condition... pacemaker... cancerous lesions...lack of skin sensation...metal pins/plates...skin diseases... allergies to metals...diabetes...thrombosis/phlebitis...any acute medical conditions...recent operations... scar tissue...contact lenses

Do you have: food allergies? yes / no _____
allergies to latex? yes / no _____
other allergies? yes / no _____

Have you ever suffered from claustrophobia? yes / no

Are you currently on any medications? yes / no If yes, please list name and reason for medication: _____

Have you used Accutane in the past 12 months? yes / no

Are you (circle all that apply): pregnant...trying to become pregnant...lactating...menstruating

Is there anything I should be aware of before your treatment? _____

In consideration for receiving services at milk + honey, I hereby release, waive, discharge, and covenant not to sue Spa Partisan, Inc., its officers, agents, servants, and employees or other business entities owned, operated or controlled either in whole or in part by Spa Partisan Inc. from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on milk + honey premises. I am fully aware of the risks involved and hazards connected with spa and salon treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

PRINTED NAME: _____

DATE: _____

SIGNATURE: _____

milk + honey®

SPA | RETREAT | SHOP