



1848 Saratoga Ave Bldg A6
Saratoga, CA 95070
408-705-0549

Name: _____

Date _____

Birthdate: _____ **Email:** _____ **Occupation** _____

Your Health

1. Within the last year, have you been under a physician's or dermatologist's care?
2. Within the last nine months, have you undergone any surgery? If so, specify.
3. Have you had any of these health problems in the past or present?
 - ◇ Cancer
 - ◇ Diabetes
 - ◇ Epilepsy
 - ◇ Heart problems
 - ◇ Herpes (cold sores)
 - ◇ Spinal injury
 - ◇ Hysterectomy
 - ◇ Thyroid condition
 - ◇ Varicose veins
 - ◇ Systemic disease
 - ◇ Hormone imbalance
4. List any medications, supplements, vitamins, diuretics, slimming tablets etc. that you take regularly?
5. Do you smoke?
6. Do you exercise regularly?
7. Do you follow a restricted diet?
8. Do you have regular sleep patterns?
9. Do you wear contact lenses?
10. Do you have metal implants or a pacemaker?

Your Skin

11. With what temperature of water do you cleanse? (cool, warm, hot)
12. Do you have any special skin problems pertaining to your face or body?
13. What skin care products are you currently using? What brand?

- | | |
|---------------|---------------|
| ◇ Soap | *Eye products |
| ◇ Cleanser | *Exfoliator |
| ◇ Toner. | *Others |
| ◇ Moisturizer | |
| ◇ Mask | |

Exfoliation History

14. Have you ever had chemical peels, laser, microdermabrasion, or any resurfacing treatments?
15. Do you use Accutane, Retin A, Renova, or Adapalene?
16. Do you use an acne medication? If yes, which drug:
17. Are you currently using any products that contain the following ingredients?

- | |
|-----------------------------|
| ◇ Glycolic acid |
| ◇ Lactic acid |
| ◇ Any exfoliating scrubs |
| ◇ Any hydroxy acid products |
| ◇ Vitamin A derivatives |

Moisture Hydration

18. How much plain water do you consume daily?
19. How many alcoholic beverages do you consume weekly?
20. Do you ever experience this condition on your skin?
 - ◇ Flakiness
 - ◇ Tightness
 - ◇ Obvious dryness
21. What SPF sunscreen do you use on your face? _____ Body? _____
22. Do you sunbathe or use tanning beds?

Capillary Activity

23. Do you burn easily in moderate sunlight?
24. Do you blush easily when nervous?
25. Do you have a tendency to redness?
26. Do you suffer from sinus problems?

Oil Secretion

27. Do you ever experience oily shine during the day?
28. Do you ever experience skin breakouts?

Nerve Activity

29. Do you drink caffeinated beverages (coffee, tea, soft drinks)?
If so, how many daily?
30. Do you ever experience a burning, itching sensation on your skin?
31. What is your pain threshold? (low, medium, high)
32. Have you ever experienced claustrophobia?
33. What type of massage pressure do you prefer? (soft, medium, firm)
34. Have you ever had a reaction to any of the following?
 - ◇ Cosmetics
 - ◇ Medicine
 - ◇ Iodine
 - ◇ Pollen
 - ◇ Food
 - ◇ Hydroxy acid
 - ◇ Animals
 - ◇ Fragrance
 - ◇ Sunscreen
 - ◇ Others

Female Clients Only

35. Are you taking oral contraception?
36. Are you pregnant or trying to become pregnant?
37. Are you lactating?

Male Clients Only

38. What is your current shaving system? (electric or wet shave)
39. Do you experience irritation from shaving?
40. Do you experience ingrown hairs?

Questions to Discuss Every Visit

41. Are you currently having or due for your menstrual period?
42. Have you started any new medication?
43. Have you had any recent dental x-rays?
44. What are your skincare goals?



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Client Consent Form

The undersigned acknowledges that Plush Esthetics by Mandy K. , has explained fully the nature of any treatment procedures including the risks and dangers inherent.

Please Initial:

-----I hereby consent to receive treatment at my own risk. I am aware that the procedures performed at Plush Esthetics by Mandy K. on me and in consideration of their so doing may cause injury, scarring or and other conditions.

-----I hereby release and forever discharge Plush Esthetics by Mandy K., their officers and associates of and from all claims, demand, damages, actions or causes of action arising out of the performance of any procedure which I, and my heirs, executives, administrators or assigns can , shall or may have.

-----I do not have active cold sores.

-----I will call to inform Plush Esthetics by Mandy K., of any complications or concerns I may have as soon as they occur.

-----I understand that it is recommended prior to having a chemical peels, microdermabrasion, Dermaplaning, facial infusion or any resurfacing treatments **to not** have used Retin A for 72 hours, Accutane in 6 months or have waxed 24 hours prior to receiving treatment.

No refunds on treatments can be obtained by me.

Name: (Please Print) _____

Address: _____

City, State, Zip code: _____

Phone: () _____

Signature: _____ Date: _____