

Name:
Occupation:

Date:
Date of Birth:

Phone Number(s):
Email:
Emergency Contact and Phone Number:
How did you hear about Birch?

Have you ever had a facial treatment before? Yes/No, when?

What would you like to achieve from your treatment today?
How would you describe your skin?

Do you have any skin concerns pertaining to your face or body? Yes/No specify:

When you got out in the sun, do you: (circle) always/ usually/ sometimes/ rarely/ never
burn

Do you have any allergies?

Have you ever had chemical peels, laser or microdermabrasion? Yes/No
In the last month? Yes/No

Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative
products? Yes/No describe:
Have you used an acne medication? Yes/No, when?

Are you pregnant, trying to become pregnant, or nursing? Yes/No

Have you been under the care of any physician, dermatologist, or other medical
professional within the past year? If so, please explain:

Do you wear contact lenses? Yes/No and Are you wearing them now? Yes/No

Is there anything else you think we should know?

I understand and have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I understand that my skin could possibly become irritated or red from this facial by no fault of the esthetician. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Signature: _____ Date: _____