



BELLA SANA AESTHETICS

CLIENT INTAKE AND RELEASE OF LIABILITY FORM

NAME: _____

DATE: _____ DOB: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL: _____ EMAIL: _____

OCCUPATION: _____

EMERGENCY CONTACT: _____ PHONE: _____

THE FOLLOWING INFORMATION WILL BE USED TO HELP PLAN SAFE & EFFECTIVE SKINCARE TREATMENTS EACH TIME YOU VISIT US.

Your personal information is for Bella Sana Aesthetics use only and will not be shared with any person or entity outside Bella Sana Aesthetics

IT IS IMPORTANT YOU ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND HONESTY.

PLEASE COMPLETE ALL THREE PAGES.

THANK YOU.

YOUR HEALTH

Do you prefer quiet during your treatment, or do you want us to explain what we are doing? _____

Within the last year, have you been under a dermatologist or other physician's care? YES NO

If YES, please specify _____

Are you currently taking any oral or topical antibiotics? YES NO

If YES, please specify _____

Please list any skincare concerns you are experiencing:

Do you smoke? YES NO

Rate your level of stress on a scale of 1 – 4 (1=lowest; 4=highest): _____

Please list any medications, supplements, vitamins, diuretics, slimming tablets, etc., that you take regularly:

YOUR SKIN

Please select your skin type: Normal Dry Sensitive Oily Combination Acne Prone T-Zone

Do you ever experience skin breakouts? YES NO

Do you ever experience oily shine during the day? YES NO

Do you ever experience a burning, itching sensation on your skin? YES NO

Do you ever experience a reaction to any of the following? (Please circle)

Cosmetics Medicine Iodine Pollen Food Animals Fragrance Hydroxyl acids Sunscreens

Other: _____

What is your pain threshold? Low Medium High

What are your skin care goals?

Are you pregnant or trying to get pregnant? YES NO

Do you have any special skin problems pertaining to your face or body? YES NO

If YES, please specify: _____

What kind of products are you currently using?

Soap Cleanser Toner Moisturizer Masque Exfoliator Eye Products Other

Do you use Accutane, Retin A, Renova, Adapalene, or other prescription skin products? YES NO

If YES, please specify _____

Have you ever had chemical peels, microdermabrasion, or resurfacing treatments? YES NO

If YES, please specify and how long ago _____

How much water do you consume daily? _____

Do you experience these conditions on your skin? Flakiness Tightness Sensitivity

What SPF sunscreen do you use on your Face? _____ Body? _____

Do you sunbathe or use tanning beds? YES NO

If YES, please specify and how often? _____

Do you burn easily in moderate sunlight? YES NO

Continue to Page 3

Is there anything else about your current or previous health history you think would be useful for your esthetician to be aware of to make this a better experience? _____

Clients under the age of 17 must have a parent or legal guardian present to provide a signature for authorization of this facial session. It is my choice to receive spa treatments. I realize that the treatment is being given for the well-being of my body and mind. I agree to communicate with my service provider any time I feel as though my well-being is being compromised. I understand that the service providers do not diagnose illness, disease, or any physical or mental disorder, nor do they prescribe medical treatment, or pharmaceuticals. I acknowledge that spa services are not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary Health Care provider for that service. I have stated all medical conditions that I am aware of, and will update the service provider of any changes in my health status. I understand that all employees of Bella Sana Aesthetics are licensed profession, and that by law they have the right to refuse service on any client at any time, if they feel as though their well-being is compromised.

I understand and voluntarily accept the risks associated with the facial and/or any other services, including but not limited to: Facials, or the use of any of the location's facilities. Except where prohibited by law; I acknowledge and voluntarily assume the risk of injury, accident or death which may arise from the use of Full Spectrum Infrared Sauna, or any other program, event or activity. I agree Bella Sana Aesthetics will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or damage to me resulting from negligence, other acts in Bella Sana Aesthetics, anyone acting on Bella Sana Aesthetics' behalf, or anyone using the services of the facilities of Bella Sana Aesthetics, to the fullest extent permitted by law. This agreement together with Bella Sana Aesthetics wellness plan rules and regulations, constitute the entire agreement between you and us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release Bella Sana Aesthetics from all claims or liabilities for death, personal injury or property loss or damages of any kind sustained while on the premises, during the use of the full spectrum Infrared Sauna and/or from any advice or services provided by an employee, independent contractor or any representative of Bella Sana Aesthetics. I agree that this application and waiver is in effect for all massages, facials and/or Full Spectrum Infrared Sessions or any other services and will not expire unless specifically requested by either party.

I understand that Bella Sana Aesthetics is a tranquil and professional environment, and that any inappropriate behavior may result in termination of my services and full payment is expected. By signing this form, I agree to the above terms and release Bella Sana Aesthetics and its employees from any liability.

Client Signature: _____ Date: _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION): This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/er release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent/Guardian if Minor: _____ Date: _____ Emergency Phone: _____

FOR SPA USE ONLY

Client / Treatment Notes: _____

Recommendation: _____

Esthetician Signature: _____ Date: _____