Spa Caladae
ESTHETIQUE STUDIO

INTAKE FORM | BROW AND LASH LAMINATION LIFT

Please print.

TODAY'S DATE: _____ | _____ | _____

Name ..... Date of birth ..... Age ..... ☐ Female ☐ Male

Address .....

City ..... State ..... Zip code .....

☐ H ☐ M ☐ W Phone ..... Occupation .....

Referred by ..... Phone .....

Emergency contact ..... Phone .....

Physician ..... Health insurance carrier .....

Is this your first brow/lash treatment? ☐ Yes ☐ No

What is your main goal for your brows/lashes? .....

Do you wear contact lenses? ☐ Yes ☐ No

Any eye or vision problems? ☐ Yes ☐ No

If yes, please explain: .....

Are you in a dermatologist's care for a skin condition? ☐ Yes ☐ No

If yes, please explain: .....

Have you ever had an allergic reaction to dyes, hair color, or chemical hair treatments? ☐ Yes ☐ No

If yes, please explain: .....

Have you had Botox or fillers within the past week? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

Are you on birth control? ☐ Yes ☐ No

If yes, what type? .....

Are you presently taking any medications? ☐ Yes ☐ No

If yes, please list: .....

Are you taking skin thinners or blood thinners? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Do you have any allergies to cosmetics, food, or drugs? ☐ Yes ☐ No

If yes, please list: .....

Do you have or have you had skin cancer? ☐ Yes ☐ No

If yes, what kind? .....

What skin care products are you currently using?

Please list: .....

Please check any of the medical issues listed below that you have currently or have been affected by in the past:

☐ Anxiety	☐ Diabetes	☐ Headaches [chronic]	☐ Hysterectomy	☐ Pacemaker
☐ Asthma	☐ Eczema	☐ Hepatitis	☐ Immune disorders	☐ Psoriasis
☐ Cardiac problems	☐ Epilepsy	☐ Herpes	☐ Lupus	☐ Sinus problems
☐ Depression	☐ Fever blisters	☐ High blood pressure	☐ Metal implants	☐ Skin disease

Please explain issues checked, or any others not listed: .....

Any physical limitations? Please explain: .....

I understand that the services offered are not a substitute for medical care. Any information provided by the esthetician is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the esthetician in providing the best possible service. All information is kept completely confidential.

CANCELLATIONS: Spa Caladae Esthetique Studio requires minimum 24 hours notice for cancellations of any scheduled appointments and minimum 48 hours notice for group appointments to avoid charges. If required notice is not given within the timeframe specified, 50% of cost of service scheduled will be charged to the client. Clients who do not show at all or do not give required cancellation notice at all will be charged 100% of cost of service scheduled. Late arrivals may result in reduced or canceled service.

CONSENT TO TREATMENT OF A MINOR [individuals under the age of 18]: By providing signature below, parents and/or guardians of a minor authorize Spa Caladae Esthetique Studio personnel to administer service treatments to their child/dependent as they deem necessary.

Client signature ..... Date .....

Parent/guardian signature ..... Date .....

Esthetician signature ..... Date .....