



New Client Information and Consent Form

NAME

DATE OF BIRTH

ADDRESS

PHONE

EMAIL ADDRESS

Please list any medications you are taking below:

Please list any medical conditions:

Circle any of the following that apply to you.

Seizures

Cold sores

Acne

Pace maker

Skin allergies

Rosacea

Pregnant and/or nursing

Sensitive skin

Psoriasis

Circle any of the products below that you are currently using.

Retin-A

Glycolic acid

Tea tree

Retinol

Benzol peroxide

Vitamin C

Accutane

Hydroquinone

Skin brighteners

Salicylic acid

Obagi (brand)

Alpha-hydroxy acids

If applicable, list the date of last treatment for:

Botox: _____

Facial injections: _____

Please list the skin care products that you currently use in your skin care routine.

Morning:

Evening:

What kind of skin do you think you have?

What are your skin goals?

____ Please initial here if you consent to have photos taken of your skin taken as progress and testimonial records.

____ Please initial here if photos of you may be posted on the social media profiles of Naked Skin Care. Neither your name nor corresponding social media profile will be associated with the use of photos unless permission is expressly given in advance.

Shop Policies and Reminders

- Leave plenty of time to find parking in the downtown area. There is limited 2-hour street parking, and the Keller Street parking garage is half a block from the shop, offering 4+ hour spots.
- Arrive a few minutes early to use the restroom before the start of your appointment slot.
- As you enter the shop, please be aware that another treatment may be finishing. In order to preserve the meditative atmosphere of the facial room, please be quiet.
- New clients: please arrive a few minutes early to fill out a questionnaire and consent form.
- In the event that you are running late, please call or text with an updated time of arrival.
- If you need to cancel, please kindly notify 48 hours in advance. All no-show clients will be charged for their missed service.

Please print your name and sign below to signify that you have read and understood all of the above.

NAME

SIGNATURE

DATE
