



JACQUELINE JASE

Face & Body Center, LLC

Client Information and Consent Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Referred By: _____

What would you like to achieve from your treatment today? _____

Health History Information:

- Have you been under the care of a physician for ANY health condition in the past year? No Yes
Please explain: _____
- Have you taken any prescribed medications and/or over the counter medications in the past year?
 No Yes Please explain: _____
- Have you had any surgery within the past year? No Yes Please Explain: _____
- Do you have allergies or allergic reactions? No Yes Please Explain: _____
- Do you have any issues with raising your body temperature? No Yes Please Explain: _____
- Do you have metal implants or a pacemaker? No Yes
- Do you wear contact lenses? No Yes
- Do you smoke? No Yes
- What is your stress level? Light Moderate High
- Are you claustrophobic? No Yes
- What nationality are you? _____
- *For Women Only: Are you pregnant?* No Yes *Due Date:* _____

Skin Care/Body Treatment Information:

- Do you have any special skin care issues or concerns with your face or body? No Yes
Please explain: _____
- Have you ever had a facial treatment before? No Yes When: _____
- Have you ever had a body treatment before? No Yes When: _____
- Have you ever had a Microdermabrasion or Chemical Peel? No Yes When: _____
- Are you using any Vitamin A based product (i.e. Retin-A, Renova, or Accutane)? No Yes
- Have you used any Vitamin A based products in the past? No Yes When: _____
- Do you currently have any injection treatments such as Botox or Restylane? No Yes
Please Explain and When: _____
- Have you used acne medications in the past? No Yes Please Explain and When: _____
- Are you exposed to sun on a daily basis or considering spending more time in the sun? No Yes

- Do you use tanning beds? No Yes
- Have you used any self tanning products/treatments recently? No Yes When: _____
- Have you had any hair removal treatments in the past 6 weeks? No Yes Please Explain and When: _____

What products are you currently using on your skin? Please list _____

Are there any other details that you would like to share prior to your treatment?

Future Appointments/Contact:

May I call you? No Yes Please Provide Number: _____

May I email you? No Yes Please Provide Address: _____

If you have any questions, please contact Jacqueline Jase Face & Body Center, LLC as needed

<p>Please note, tips are always optional and are appreciated!</p>
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I understand the possible risks and complications and have chosen to proceed with this service and authorize Jacqueline Jase Face & Body Center, LLC to perform this service after careful consideration of known and unknown risks, complications and limitations. I certify that I have read and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Name (Print): _____

Signed: _____

Date: _____