

HER EYES

625 East Arrow Hwy #2

Glendora, CA 91740

626-529-4423 www.hereyesbar.com

Client Profile Information & Consent

Name: _____ Sex: F M Date: ____/____/____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Email: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: (____) _____ - _____

I understand that the facial I receive is provided for the basic purpose of relaxation, cleansing and skin care education. I understand that waxing does have certain side effects such as skin removal, redness, swelling, tenderness, etc. If I experience any pain or discomfort during this session I will immediately inform the technician so that the pressure and/ or products may be adjusted to my level of comfort. I agree to follow the at home aftercare instructions that have been provided by my technician. I further understand that facials should not be construed as a substitute for a medical examination, diagnosis or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment of which I am aware. Because a facial should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the technician updated as to any changes in my medical profile and understand that there shall be no liability on the technician and Her Eyes part should I fail to do so.

Cancellation & Rescheduling Policy:

- We require 24 hours' notice to change or cancel your appointment.
- Failure to notify business with 24 hours' notice will result in 50% charge of service price.
- No show-No call will result in 100% charge of service price.
- This statement is on all confirmation emails. You may confirm/reschedule/cancel your appointment by following link on email confirmation.

The reason for our policy is to provide the most available hours of service to all of our clients. A service hour missed is a loss of business to the technician. With proper notice can be filled by a client the wait list.

Late Arrival Policy:

- We will provide service up to 20 minutes after start time, however we can only guarantee the remaining time of service left. After 20 minutes, your service is considered a No Show-No Call. Service will be charged as stated in 24 hour policy.

Client Signature: _____ Date: ____/____/____

Consent to treatment of a minor: By my signature below, I hereby authorize Her Eyes to administer facial techniques to my child as they deem necessary.

Signature of Parent or Guardian: _____ Date: ____/____/____

Technician Signature: _____ Date: ____/____/____

Please provide personal product care currently being used:

Cleanser: _____ Toner: _____ Scrub: _____

Moisturizer: _____ Eye Make-up: _____ Remover: _____

Other: _____

What are your skin care goals?

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, facials may be contraindicated. A referral from your primary care provider may be required prior to the service being provided.

Circle Yes or No as it applies. If you answer "yes" to any of the following questions, please explain as clearly as possible.

Health

Yes/No Within the last year have you been under a dermatologists or other physician's care?

Yes/No Are you diabetic?

Yes/No Within the last nine months, have you undergone any surgery?

Yes/No Do you smoke?

Yes/No Do you have metal implants, a pacemaker or body piercing?

Yes/No Are you currently pregnant or breastfeeding?

Yes/No Do you suffer from sinus problems?

Yes/No Have you ever experienced claustrophobia?

Your Skin

Yes/No Do you have any special skin problems pertaining to your face or body? _____

Yes/No Do you use sunscreen daily? Brand/SPF _____

Yes/No Do you use a tanning bed or spend an extensive amount of time in the sun?

Yes/No Do you blush easily when nervous?

Yes/No Do you have a tendency to redness?

Do you experience these conditions on your skin? Flakiness/ Tightness/ Obvious Dryness

Exfoliation History

Yes/No Have you ever had a chemical peel, microdermabrasion, or any other resurfacing treatment?
When? _____

Yes/No Do you use Accutane, Retin A, Renova, Adapalene, Tazorac? In the last 3 months?

Yes/No Are you currently using any products that contain the following ingredients?
Glycolic Acid/ Lactic Acid/ Exfoliating Scrub/ Vitamin A Derivatives (i.e. Retinol)

Yes/No Do you currently use a depilatory such as Sally Hansen, Nair, Veet, etc.?