



Would you like to receive a copy of our newsletter containing helpful information about natural medicine and exclusive offers?
Y N

Skin Care Client Profile

Name: Date:
Email Address: Date of Birth:
Street Address:
City, State, Zip:
Phone #: Home Cell
Emergency Contact Name and Phone: Referred by:

What is your treatment goal today? (Please check all that apply):

Toning/Tightening Skin Rejuvenation Pampering/Relaxing Symptomatic Relief (headache, jaw, neck pain)

Please indicate your skin type: (Check all that apply):

Oily Dry Blemished Sensitive Normal Combination

- 1. Please list any allergies to topical products, medications, foods or any other substances:
- 2. Current medications (topical & oral):
- 3. Are you under a doctor's care for any acute or chronic condition? (Examples include infectious condition, metal implants/pins, skin conditions, epilepsy, pacemaker/defibrillator or circulation disorders):
- 4. Are you: A smoker: Pregnant: Wearing contact lenses? (Please remove before treatment.)
- 5. Any surgeries or major dental work within the last 6 months? Y N If yes, please explain:
- 6. In the last six months, have you had any: dermal injections/fillers, facial cosmetic surgery or waxing, chemical peels or laser treatments? Y N If yes, please explain:
- 7. Have you taken Accutane in the last year? Y N
- 8. Have you ever had (please check any that apply): Acne Eczema Psoriasis Herpes Simplex9
- (a) Are you using any products that contain Retin-A, Renova, Adapalene Hydroxyl Acid, Differin, Glycolic Acid, AHA/BHA, Salicylic Acid, Lactic Acid, Retinol/Vitamin A? Y N
- (b) Have you used any of these products in the past 3 months? Y N If yes, describe:
- 10. What type of skin care products do you use?
- 11: Would you be interested in learning about natural products that meet your skin care goals? Y N

Cancellation Policy

Heritage Acupuncture LLC kindly requests at least 24-hours notice to cancel or reschedule an appointment. For Monday appointments, we ask that clients notify Heritage of schedule changes by 5 p.m. Friday. Patients who are 20 minutes late or more are considered a no-show. For no-shows, the first occurrence may be waived as a courtesy. A second no-show is charged 50 percent of the fee for the scheduled service. Third and subsequent no-shows are charged the full fee for the scheduled service. The fee must be paid before further appointments are scheduled. At this point, the practitioner may elect to forego reserving future appointments. In this case, clients may call the clinic the day they wish to be seen to inquire about openings. If an opening exists, it may be reserved with prepayment.

Clients who have purchased packages will be charged 50% of the regular cost of the service for the first incident. Additional no-shows for package treatments will result in the reduction of the scheduled treatment from their package. Clients who are scheduled for any treatment or service combination totalling more than one hour must provide 48-hours notice to cancel or reschedule. For Monday appointments, this means cancellations take place by 5 p.m. Thursday.

Other scheduling policies: All new clients are charged a \$60 nonrefundable deposit. For skin care clients, we will reach out once before the appointment to discuss new client forms and product and/or other sensitivities. If we cannot reach you we will charge the credit card on file. New clients may cancel and reschedule one time with that deposit providing they have given adequate notice.

If any client cancels and/or reschedules the same service three times consecutively, they can no longer book appointments online. To schedule in this case, clients may call the office the day they want to come in to inquire if there are openings, for which they must pre-pay. At this point, to reserve the service in advance clients may pay a nonrefundable deposit of 50% of the scheduled service.

I understand and agree to the above policies:

Initial

Client Consent: I have read and understood this questionnaire and completed it truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform the esthetician of my current medical or health conditions and to update this history. I understand that the services offered are not a substitute for medical care and any information provided by the esthetician/practitioner is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the provider in giving better service and is completely confidential. The services I receive here are voluntary, and I release Heritage Acupuncture & Wellness LLC and this provider from any liability resulting from this or any services received at Heritage or from any products or tools used during treatments, purchased from or recommended by Heritage Acupuncture LLC and assume full responsibility thereof.

Patient Name

Date:

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