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## WELCOME TO ARCH BROW BAR FACIALS

PLEASE COMPLETE AS ACCURATELY AS POSSIBLE

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email \_\_\_\_\_ Text Alerts? Yes / No Email Alerts? Yes / No

Emergency Contact \_\_\_\_\_ Number \_\_\_\_\_

How did you hear about us? SIGN | WEBSITE | FACEBOOK | INSTAGRAM | INTERNET | AD

Referred By \_\_\_\_\_

What is your current skincare regimen?  No attention  Some attention  Lots of attention

Comments: \_\_\_\_\_

- I acknowledge that I have not used Accutane or any medication for the same purpose during the last 12 months.
- I acknowledge that I should avoid Retin-A type products.
- I do not have an active cold sore or fever blister.
- I am aware I should inform my technician of any recent facial waxing 24 before or after hydrafacial
- I acknowledge that I am not pregnant/lactating.
- I release Arch Brow Bar from any and all liability associated with any injuries and/or current or future conditions resulting from the skincare procedures or products.

### MEDICAL INFORMATION - PLEASE CHECK ALL THAT APPLY

- Allergies (list all) \_\_\_\_\_
- Autoimmune disease, i.e.: HIV, lupus, hepatitis, etc.
- Blood thinners such as heparin, Coumadin, warfarin, etc.
- Cosmetic injections fillers or implants
- Eczema, psoriasis  Skin Cancer  Shellfish
- Recent surgical or dental procedure
- Sunburn  Medications causing sun sensitivity

By signing below, I certify that I have read and fully understand the contents of this consent form, and the information I provided are complete, accurate, and up to date to my knowledge. All personal information will be kept confidential.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Aesthetician Signature: \_\_\_\_\_ Date: \_\_\_\_\_