



Blu Bird Spa - Aesthetics Treatment Consent Form

Name: _____ Today's Date: ____/____/____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Male Female

DOB: ____/____/____ Occupation: _____ Referred by: _____

Medications (oral/topical): _____

Known allergies: _____ Are you Pregnant: **Y or N**

Are you currently under the care of a Dermatologist, Plastic Surgeon or any Medical Doctor? **Y or N**

Describe: _____

Do you use Retin-A, Renova, Retinol (any form of Vitamin A) or any acne medications? Y or N

List: _____

Have you ever had chemical peels, laser or microdermabrasion, or cosmetic injections? **Y or N**

Treatments & Dates: _____

Which of the following best describes your skin type? (circle one)

- | | |
|---|---|
| I Extremely Fair – Always burns, never tans | IV Olive Brown Complexion – Seldom burns, tans well |
| II Fair Complexion – Always burns, tans minimally | V Brown Complexion – Rarely burns, deep tan |
| III Light Olive Complexion – Burns moderately, tans gradually | VI Dark Complexion – Never burns, deeply pigmented |

Do you use sunscreen? **Y or N** Do you use tanning beds? **Y or N** Do you smoke? **Y or N**

How would you best describe your skin? **Normal Dry Oily Combo Sensitive Acne/Acne Prone**

Concerns/goal for your skin _____

What skin care products are you currently using?

Cleanser _____ Day Moisturizer _____

Exfoliator/ Scrubs _____ Serum _____

Eye Product _____ Night Moisturizer/ Cream _____

I confirm that I have filled out this questionnaire to the best of my knowledge & that this information will allow your aesthetician to provide the optimum products & services for you. I understand & agree to the treatments provided today or in the future & have discussed any questions or concerns about the services with my aesthetician

I hereby give my consent & authorization voluntarily & release Blu Bird Spa, from any claims, implied or stated that, I have or may have in the future with various treatments, regardless of result.

Client Signature _____ Date _____

Parent Signature (if under 18 yrs) _____ Date _____

Aesthetician Signature _____ Date _____