



# Facial Questionnaire & Consent

Please fill out completely

## Name \*

First Name      Last Name

## Phone Number \*

Area Code      Phone Number

## How do you prefer to be contacted? \*

Phone Call

Text

## Have you had a facial before? \*

YES

NO

## Have you ever had any issues with your previous facials? \*

YES

NO

## What were the issues? \*

Break outs

Reaction

## What are your specific skincare concerns? \*

Dry Flakey Skin

Wrinkles

Breakouts

Blackheads

Acne  
Clogged Pores  
Large Pores  
Redness  
Rosacea  
Milia  
None of the above

Loss of Firmness  
Skin Texture  
Hyper-Pigmentation / Uneven Skin Tone  
Skin Sensitivity  
Oily Skin  
Fine Lines  
None of the above

**What brings you in for a facial? \***

Skincare Education  
Mature exfoliation

Acne Concern

**Give us an idea of what you typically use on your skin daily? \***

Soap  
Toner  
Mask  
Eye Cream  
SPF

Cleanser  
Serum  
Exfoliant (physical or chemical)  
Moisturizer  
Vitamin A (retinol)

**What is the skincare brand you use? \***

I don't use skincare

**Have you been diagnosed with eczema, psoriasis or rosacea? \***

YES  
NO

**Are you currently using any products that contain: \***

AHA (glycolic acid, lactic acid, etc.)  
Vitamin A derivative (retinol/retonids)  
Prescriptive creams or meds for skin?

BHA (salicylic acid)  
Exfoliating scrubs

**Do you currently have any rashes, itching or underlying redness on your face? \***

YES  
NO

**Have you ever received any botox or fillers? if so, what location on your face and when? \***

**Have you ever received chemical peels, laser services, facial waxing, or microdermabrasion treatments? \***

- YES, within the last month
- YES, within the last 2-3 months
- NO

## Your Medical History

**Any known allergies? \***

- |           |                          |
|-----------|--------------------------|
| Asprin    | Latex                    |
| Fruits    | Shellfish                |
| Lidocane  | Fragrance/Essential oils |
| Tree Nuts | Dairy                    |
| Sunscreen | Pollen                   |
| None      |                          |

**Please list medications or supplements you are currently taking. \***

Medications or supplements

**Have you ever experienced claustrophobia? \***

- YES
- NO

**Have you ever experiences vertigo or issues laying flat? \***

- YES
- NO

**Have you experiences any of these health conditions in the past or present? \***

- |                      |                          |
|----------------------|--------------------------|
| Hormone Imbalance    | Cancer/ Systemic disease |
| High Blood Pressure  | Diabetes                 |
| Heart problem        | Arthritis                |
| Auto-immune Disorder | Asthma                   |

Epilepsy/Seizures  
HIV/AIDS  
Depression/Anxiety  
None  
Hernia

Cold sores  
Lupus  
Headaches/ Migranes  
Facial Implants  
Stroke

## Females Clients

### Are you taking birth control? \*

YES  
NO

### Are you pregnant or breast-feeding? \*

YES  
NO

### Acknowledgement and Waiver

I hereby agree to have this treatment. I am aware that products used in facials and homecare may contain **tree nuts, sulfur, dairy, and gluten**. I acknowledge that the estheticians at Beauty by Robynne may use products that contain these ingredients or are manufactured in a plant with these ingredients. I am aware that even with natural ingredients there is a remote chance of an allergic reaction and there is a possibility of an adverse reaction to product used in facials. Please inform your esthetician before treatment if severely allergic, as this may make you unable to receive the service.

I am also aware that certain services should not be performed with certain medical conditions or prescriptions. I have disclosed all my known medical conditions, skin conditions, allergies, medications and answered all questions honestly on the above form and agree to update Beauty by Robynne as to any changes. It is my responsibility to disclose all medical, medicinal, and skin history, as Beauty by Robynne will not be responsible to reactions caused by undisclosed medical history.

I acknowledge the esthetician at Beauty by Robynne do not provide medical advice and I accept full responsibility to seek out advice before receiving any services or products from Beauty by Robynne. I hereby release, discharge and waive all claims against Beauty by Robynne and each of their employees, and representatives or any person(s) performing services or applying any products at Beauty by Robynne, including from liability and responsibility for any and all illness, injuries, damages, claims, rights and causes of action of any kind or nature, that may occur during or arising out of any services or products received on this and any future dates. I expressly assume and accept the risk for any injuries sustained. I have read this entire document and agree to its terms.

# Dermaplane Consent

**I acknowledge and understand while the goal of this treatment is superficial exfoliation and removal of vellus hair (peach fuzz), I may receive added improvements such as reduction in the appearance of fine lines & temporary fading of pigmentation. I acknowledge that this treatment may not be given, if my skin has excessive acne, lesions, moles, or skin tags. The esthetician will work around bumps, but if the skin was too many, the esthetician at Beauty by Robynne may recommend a different treatment plan. I acknowledge Dermaplane treatment is not an exact science and that no specific guarantees can or have been made concerning the expected result. \***

Initial

**I understand Dermaplane is a form of manual exfoliation using an esthetician grade, sterile blade which is mildly abrasive to gently “shave off” dead skin cells from the epidermis. It also temporarily removes fine vellus, leaving a smooth surface. Therefore, I will follow the explicit after care instructions of my skincare therapist. \***

Initial

**I understand that if I add glycolic or other chemical peel solutions onto my Dermaplane that I may achieve greater results, but I will also assume greater risks and have discussed these risks with my skincare therapist. \***

Initial

**I acknowledge that the success of my treatment depends on me and I have an obligation to follow the written and spoken instructions concerning pre and post treatment care in order to achieve optimal results. \***

Initial