

SKIN CARE RELEASE FORM

I will complete this Skin Care Release Form truthfully. I agree that this constitutes full disclosure, and that it supercedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to my skin from treatments received. The treatments I receive are voluntary and I release Nichole Hines, Bella Bar, and it's representatives from liability and assume full responsibility thereof. Bella Bar has permission to contact me via email and text.

I understand that I may register for an account to have past form answers pre-filled.

yes no

Do you agree to avoid direct sun for 24-48 hours after my skin care service.

yes no

If you are a new client, how did you find BellaBar? If internet, please specify, IE: Google, Yelp, etc..

Have you checked out our reviews on YELP?

yes no

Please specify your age range: (check all that apply)

16-30

31-40

41-50

51-60

61+

Do you have a pacemaker or any type of electrical device in your body?

yes no

What would you like to achieve from your treatment(s) at BellaBar?

Have you had a facial treatment before? If yes, please specify.

Have you had any skin care treatments in the last 30 days, such as peels, microdermabrasion, at-home-remedies of any kind, etc., please specify or if none, type 'N/A'. If yes, please specify:

What skin products are you currently using?

Have you used any self-tanning beds, lotions, creams, or treatments in the last 60 days? If yes, please specify:

Do you have any sensitivities to aromatherapy that may be used during your service? If yes, please specify:

Are you pregnant?

yes no

Are you lactating?

yes no

Any recent change to a contraceptive treatment?

yes no

Any menopause issues?

yes no

Do you have sensitive skin?

yes no

Do you use SPF?

yes no

Are you using any medications? If yes, please specify:

Do you use Accutane, Retin-A, Renova, Adapalene Hydroxi Acid or Retinol/Vitamin A derivative products?

yes no

**Do you have any special skin problems or concerns pertaining to your face or body? If yes, please specify:
(circle one)**

NONE

Breakouts/Acne

Blackheads/Whiteheads

Excessive oil/shine

Rosacea

Broken Capillaries

Redness/Ruddiness

Sun spots/Liver spots/brown spots

Uneven skin tone

Sun Damage

Wrinkles/Fine lines

Dull/Dry skin

Flaky skin

Dehydrated skin

Other

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

Creamy Complexion-Always burns and never tans (Type 1)

Light Complexion-Always burns and tans slightly (Type 2)

Light/Matte Complexion-Burns moderately and tans gradually (Type 3)

Matte Complexion-Seldom burns and always tans well (Type 4)

Dark/Matte Complexion-Rarely burns and deep tans (Type 5)

Dark Complexion-never burns and deeply pigmented (Type 6)

**Have you used any facial hair removal methods in the last six weeks? If yes, specify your hair removal method(s).
(circle one)**

Shaving

Waxing

Electrolysis

Tweezing

Threading

Depilatories

NONE

What was your hair color as a child?

What is the color depth of your eyes? (light blue, medium blue, green, dark brown, etc.)

Have you ever had an allergic reactions to your skin? If yes, mark all that apply: (circle one)

NONE

FRUITS

Cosmetics

Medicine

Food

Animals

Sunscreens

Iodine

Pollen

AHA's

Fragrance

Shellfish

Nuts

Latex

Drugs

Other

If you marked OTHER to an allergy, please specify:

I have completed this Release Form truthfully and I have read the clause above. INITIAL HERE.

If booking appointment via phone: Do you agree to read the Release Form Clause in my confirmation email.

yes no

Appointment Completed By: (check all that apply)

- Client Online
 Receptionist Via Phone

What is your address?
