Touch Of Tranquility
MASSAGE

www.touchoftranquilitymassageaz.com

***Confidential Skin Health Questionnaire***

***This form must be completed and signed before receiving facial services***

Today's Date: __/__/__ NAME: _____ D.O.B:_____

***Expectations and History***

1. What is the reason for your visit today? _____
2. Which conditions would you like to improve?
   ☐ Acne scarring □ Acne □ Hyperpigmentation □ Broken capillaries □ Resiliency/glow
   □ Facial scars □ Age spots □ Fine lines & wrinkles □ Enlarged pores □ Skin tags □ Other_____
3. Have you ever had a facial treatment on the past? □ YES □ NO
4. How would you describe your skin? □ Normal □ Dry □ Oily □ Combination □ Sensitive □ Sun Damaged
5. How would you rate your skin? (Circle One)
   I Always burns - Never tans II Always burns easily - Tans slightly III Burns moderately- Tans gradually
   IV Seldom burns – Always tans well V Rarely burns – Deep tan VI Never burns – Deeply pigmented
6. Do you ever experience □ Flakiness? □ Tightness? □ Redness? □ Excessive oily shine during day?
7. What is your current skin regimen? □ Soap & water only □ Cleanser □ Toner □ Masque □ Moisturizer □ Exfoliation
   □ Sun block everyday □ Other _____
8. Do you □ Sunbathe? □ Use a tanning bed? How often? _____
9. Have you ever had? □ Chemical Peels □ Enzyme Peels □ Microdermabrasion □ Facial Surgery □ Botox
   □ Collagen injections □ Laser resurfacing □ Micro needling □ Permanent Makeup
10. Are you under treatment for any current skin condition? □ YES □ NO If yes, what? _____
11. Does your skin heal □ Fast? □ Scars? □ Pigment?
12. Do you bruise easily? □ YES □ NO
13. Do you get sores/blisters (Herpes Zoster/Shingles)? □ YES □ NO
14. Have you ever used □ Accutane®? □ Retin-A®? □ Renova®? □ Topical Antibiotics? □ Differin®? □ Tazarac®?
    □ Hydroquinone®? □ Alpha Hydroxy Acids? If yes, when and for how long? _____
15. Any personal history of skin cancer? □ YES □ NO If yes, what type and treatment _____

Do you have or have had any of the following conditions past or present? (circle Yes or No)

| | | |
|---|---|---|
| Yes No Acne | Yes No High or Low Blood Pressure | Yes No Claustrophobic |
| Yes No Allergies | Yes No Hepatitis | Yes No Corneal Abrasions |
| Yes No Cancer | Yes No Headaches | Yes No Diabetes |
| Yes No Cold Sores | Yes No Eye Surgery/Injury | Yes No Wear SPF? |
| Yes No Cataracts | Yes No Do you wear contact lenses | Yes No Are you currently taking aspirin or ibuprofen? |
| Yes No Tumors/Cysts/Growths | Yes No Circulatory Problems | **Women:** □ Pregnant? □ Hormones? □ Oral Contraceptives? |
| Yes No Herpes Simplex | Yes No Do you smoke? | |
| Yes No Eczema | Yes No Epilepsy | |
| Yes No Chemo/Radiation | Yes No Pacemaker | **Men:** Shave? □ Electric □Razor |
| Yes No Hemophilia | Yes No Metal implants | □ Ingrown hairs □ Breakouts |
| Yes No HIV/Aids | Yes No Blepharoplasty | |

If I experience any pain or discomfort during the session, I will immediately inform the aesthetician so that the products and/or technique may be adjusted to my level of comfort. I further understand that facial should not be construed as a substitute for medical care, diagnosis, or treatment. I understand that Aestheticians' are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I **agree** to keep the aesthetician **updated** as to any changes in my medical profile and understand that there shall be no liability on the aestheticians' part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the Licensed Aesthetician reserves the right to refuse to perform treatments on anyone whom he/she deems to have a condition for which facial treatments are contraindicated. I release and hold harmless Touch of Tranquility Massage and the staff from any liability for adverse reactions that may result from this treatment

Client Signature_____ Date_____

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