Envi Botanicals Salon & Spa

Client Information

Name_____Date Of Birth_____

Address_____

City_____State_____Zip Code_____

Phone Number_____Occupation_____

E– Mail_____

Emergency Contact_____Phone Number_____

How did you hear about us?_____Referred By_____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms some services may need to be modified accordingly or may be contraindicated.

Medical & Health History

___Acne	___Cold Sores	___Epilepsy	___Menopause
___Allergies	___Contacts/Glasses	___ Heart Condition	___Nail Fungus
___Arthritis	___Dentures	___ High Blood Pressure	___Psoriasis
___Athletes Foot	___Dermatitis	___ Headaches	___Rosacea
___Asthma	___Diabetes	___Hormonal Imbalance	___Seizures
___Claustrophobia	___Eczema	___Lupus/Auotimmiune	___Skin Sensitivities

If you checked any of the above, please explain and list any and all medications which you are currently taking:_____

_____

_____

Are you pregnant?_____ If yes, how many weeks?_____

Please explain any and all skin conditions weather contagious or infectious : _____

_____

Do you have any food or plant allergies? _____ If so, please list/explain_____

_____

(fruits, nuts, grains, gluten, vegetables, dairy, flowers, plants, herbs, essential oils, shellfish, etc……)

If you are here for either a Facial, Waxing, or Scalp & Hair Therapy please continue to answer a few more questions on the reverse side of this form, sign and date. Otherwise you may read the client consent and policies paragraph then date and sign.

Are you currently, or have you taken any medications containing **RETIN-A, ACUTANE, ISOTRETINOIN (Absorica, Amnesteem, Claravis, Myorisan, Zenatane) or a Corticosteroid** in the last 6 months?_____

In the last 6 months have you had any of the following procedures: **Microdermabrasion, Botox, Silicone or Collagen Injections**

Have you had any recent cosmetic surgeries?_____ If so, please explain_____

_____

Do you have any metal/steel implants or pins?_____ Do you have a pacemaker?_____

Have you had a professional facial, skin or scalp treatment before?_____

What is desired outcome of your session today?_____

_____

Please explain your current skin care regime and how often: (include products used)_____

_____

_____

Please explain your current hair/scalp care regime and how often: (include products used)_____

_____

_____

Please check one of the following:

___Face gets oily shortly after cleansing

___Face gets oily within a few hours after cleansing

___T-Zone gets moderately oily a few hours after cleansing

___T-Zone gets oily late in the day / cheeks feel slightly dry

___Very minimal T-Zone oil, skin sometimes feels tight

___Rarely experience T-Zone oil, skin always feels tight

Waxing/Men's Skin Care

___Easily Bruise

___Ingrown Hairs

___Sensitivity to shaving

___Sensitivity to exfoliation

Client Consent: I understand that the treatment I receive is provided for the basic purpose of beauty and relaxation and relief of muscle tension and preservation of the skin. If I experience any pain or discomfort with the use of any product or treatment during this session I will let the therapist/cosmetologist know. So that treatment may be adjusted and product promptly removed. I further understand that any service provided should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should seek my qualified medical specialist for any physical ailment of which I am aware, and nothing said in the course of the session should be construed as such. Because some of the treatments offered by Envi Salon should not be performed under certain medical conditions, I affirm that I have answered all questions honestly and stated any medical conditions. I agree to keep my therapist/cosmetologist updated as to any changes in medical profile and understand that there shall be no liability on the therapists/cosmetologists part if I fail to do so. I also understand that any illicit or sexually suggestive remarks or behavior made by me will result in the immediate termination of the session, and I will be liable for full payment of the session.

Client Policies: Appointments cancelled with less than 24 hours notice are subject to a 50% cancellation fee. Missed appointments without calling will be subject to full fee of missed session. If I arrive late I understand that my time may not be extended and cut short with the full amount of my original service. We respect your time, Thank you for respecting ours. Signing this form is an agreement to consent and our policies.

Client Signature_____Date_____

*Parent / Guardian signature and supervision required for services on children under the age of 18.

*Parent /Guardian Signature_____Date_____