

Maya Med Spa
6330 Broadway Blvd. Suite B, Garland, TX 75043
469-209-6999

Client Consultation

Name: _____ Date of birth: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

Married: Yes No If yes, anniversary date: _____

Employer: _____ Occupation: _____

Pharmacy of your choice: _____

Does your job require that you work outdoors? Yes No

What would you like to achieve from your treatment today? _____

Referred by: _____

Your Skin Treatment

1.) Have you ever had a facial treatment before? Yes No

2.) Have you ever had a body spa treatment before? Yes No If yes, circle all that apply
Massage Salt Glow Seaweed wrap Moor mud Body scrub

3.) Which of the following best describes your skin type? (Please circle one type number)

- I. Creamy Complexion: Always burns easily, never tans
- II. Light Complexion: Always burn, tans slightly
- III. Light/Matte Complexion: Burns moderately, tans gradually
- IV. Matte Complexion: Seldom burns, always tans well
- V. Brown Complexion: Rarely burns, deep tan
- VI. Black Complexion: Never burns, deeply pigmented

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4.) Do you have any special skin problems or concerns pertaining to your face or body? Yes No
Specify: _____

5.) Have you ever had chemical peels, laser or microdermabrasion? Yes No When? _____

6.) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/ vitamin A derivative products? Yes No Describe:

7.) Have you used an acne medication? Yes No When? _____ Which drug?

8.) What skin care products are you currently using? (List brand where known)

Soap _____

Shower Gels _____

Toner _____

Body lotions _____

Mask _____

Sunscreen _____

Eye Product _____

Self-tanning lotions _____

Cleanser _____

Scrubs/Exfoliators _____

Day Moisturizer _____

Makeup products _____

Night Moisturizer _____

Other _____

9.) Have you used any of the following hair removal methods in the past six weeks? No Yes, circle all that apply.

Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

10.) What areas of concern do you have regarding your **Skin** (Please circle all that apply and explain.)

Breakouts/acne

Uneven skin tone

Sun damage

Sun spot/ liver spot/ brown spot

Excessive oil/shine

Wrinkles/fine lines

Rosacea

Dull/dry skin

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Broken capillaries
Redness/ruddiness

Flaky skin

11.) Have you ever had an allergic reaction to any of the following? (Please circle any that apply and explain) If yes, please explain:

Cosmetics	AHAs
Medicine	Fragrance
Food	Shellfish
Latex	Iodine
Sunscreens	Drugs

12.) Have you had any recent tanning bed or sun exposure that changed the color of your skin?
No Yes specify: _____

13.) Have you experienced Botox, Restylane or Collagen injections? No Yes
specify: _____

Female Clients Only:

14.) Are you taking oral contraceptives? No Yes
specify: _____

15.) Any recent changes to or from your contraceptive treatment? No Yes
If so, what and when: _____

16.) Are you pregnant or trying to become pregnant? No Yes

17.) Are you lactating? No Yes

18.) Any menopause problems? No Yes
specify: _____

19.) Are you undergoing any hormone replacement therapy? No Yes

Male Clients Only:

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- 20.) What is your current shaving system? Wet shave Electric
- 21.) Do you experience any irritation from shaving? No Yes Ingrown hairs? No Yes
- 22.) Are you undergoing any hormone therapy? No Yes

Client Consent Form

I hereby consent to and authorize _____ to perform the following procedure Facial Microdermabrasion Chemical Peel

I have voluntarily elected to undergo this treatment/procedure, as mentioned above, after the nature and purpose of the treatment has been explained to me, along with the risks and hazards involved, by _____.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin, condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional costs.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician immediately.

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I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician/provider, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date: _____

Esthetician/Provider _____ Date: _____

Client Consent Form- Facial Microdermabrasion Chemical Peel

I, _____, have read the above information and have initialed each section to indicate that I fully understand what to expect. If I have any questions or concerns, I will address these with my skin therapist. I give permission to my therapist, _____, to perform the microdermabrasion procedure we have discussed and will hold him/her staff harmless from any liability that may result from this treatment. I understand he/she will take every precaution to minimize or eliminate negative reactions such as blisters, sores, or other reactions, as much as possible. I have given an accurate account of any over-the-counter or prescription medications that I use regularly and I am not presently using isotretinoin (Accutane). I have not had any facial surgical procedures or other chemical peels or skin treatments that I have not disclosed to my therapist. I am not ingesting or using topically any other over-the-counter product or prescription medication/agent that has not been disclosed to my therapist. I am not presently pregnant or lactating and I am over the age of eighteen (18). I have not had any recent radioactive or chemotherapy treatments, sunburn, windburn, or broken skin. I have not recently waxed or used a depilatory (such as Nair) on the area to be treated. I do not have a history of keloidal scarring, excessive telangiectasia, rosacea, bacterial skin infections, viral infections, open lesions or rashes, active acne, any autoimmune disease, or any other existing condition that may interfere with the positive outcome of this treatment.

I consent to the taking of photographs to monitor treatment effects, as desired or recommended by the therapist.

My expectations are realistic and I understand that the results are not guaranteed.

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I agree that I am willing to follow recommendations by my esthetician/provider for home care. I will be responsible for following home regiments that can minimize or eliminate possible negative reactions, including recognizing the importance of adhering to a sunscreen and avoiding the sun/tanning booths and extreme weather conditions. I agree to use a moisturizer specifically recommended by my esthetician/provider and I acknowledge that I have been informed of the possible negative and the expected sequence of the healing process (dryness, irritation, redness, and peeling of the skin.) In the event that I may have additional questions or concerns regarding my treatment or suggested home products/post-treatment care, I will consult my therapist immediately.

I understand the potential risks and complications and have chosen to proceed with the treatment after careful consideration of the possibility of both known and unknown risks, complications, and limitations. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Client name (printed) _____

Client name (signature) _____ Date _____

Esthetician _____ Date _____

Future Appointments/Contact:

1. May I call you at your home, work, or cell phone number to confirm future appointments? No Yes

2. May I contact you via mail/email about future promotions and news? No Yes

I understand, have read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contradictions and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

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Client Signature: _____

Date: _____