Your Spa Name

Spa & Esthetics Service Intake and Consent

Client information, health screening and consent to selected services

1. Client information

Full legal name _____ Date of birth _____

Phone _____ Email _____

Emergency contact name and phone _____

2. Services requested

- ☐ Facial / skin care
- ☐ Waxing / hair removal
- ☐ Massage / bodywork
- ☐ Chemical exfoliation / microdermabrasion
- ☐ Lash / brow service
- ☐ Other service

Specific service and areas to be treated _____

Provider name and license number (if applicable) _____

3. Health and skin screening

Check all that apply. Include dates or details for any recent treatments or changes.

- ☐ Pregnancy or breastfeeding
- ☐ Allergies or past reactions (latex, fragrances, nuts, oils or skin care products)
- ☐ Current or past isotretinoin (Accutane) use. Note the date of your last dose below.
- ☐ Recent topical retinoids, acids (AHAs or BHAs) or other exfoliants
- ☐ Recent sunburn, waxing, laser or cosmetic injections in the treatment area
- ☐ Eczema, psoriasis, rosacea, open skin, infection or cold sores
- ☐ Blood thinners, diabetes, heart or circulation problems, or recent surgery
- ☐ None of these

Conditions, allergies, reactions, recent treatments and dates

_____

_____

Current medications and supplements

_____

_____

4. What to expect

Initial each statement after the provider explains the planned service.
Scope of service. I am choosing a nonmedical esthetics or wellness service. I understand its purpose and the results I can reasonably expect.

Initials _____

Service risks. Depending on the service, I may have redness, irritation, peeling, bruising, soreness or an allergic reaction. My provider explained the risks and aftercare for the service I selected.

Initials _____

Right to stop. I will tell my provider if I feel pain, burning or discomfort. I can pause or stop the service at any time.

Initials _____

Health updates. My information is accurate to the best of my knowledge. I will tell the spa about changes in my health, medications or allergies before future visits.

Initials _____

Professional conduct. The provider may end a session for inappropriate or sexual behavior. Any charges follow the written policy below and applicable law.

Initials _____

Service-specific risks, modifications and aftercare discussed

5. Consent and cancellation policy

I had an opportunity to ask questions. I understand the risks we discussed and voluntarily agree to the services listed on this form. I acknowledge the written cancellation and no-show policy below.
Cancellation and no-show policy (spa completes)

Client signature _____ Date _____

Parent / legal guardian signature (if required) _____ Date _____

Provider signature _____ Date _____

Template for review. Adapt it to your state's licensing rules and the services you provide.