

CONSENT FORM



FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: _____

DATE: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

PHONE NUMBER: _____

HOW DID YOU HEAR ABOUT US?

WALKED BY FACEBOOK/INSTAGRAM
ONLINE SEARCH REFERRAL

YOUR MEDICAL HISTORY:

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN?

YES NO

HAVE YOU EXPERIENCED ANY OF THESE HEALTH CONDITIONS IN THE PAST OR PRESENT?

Hormone Imbalance	Cancer/Systemic disease
Heart problem	Blood Clotting
Psoriasis	Hepatitis
Eczema	Cold sores
Lupus	Depression/Anxiety
High Blood Pressure	Diabetes
Hyperpigmentation	Arthritis
Rosacea	HIV/AIDS
Auto-immune Disorder	Asthma Epilepsy/Seizures

ANY KNOWN ALLERGIES?

Latex	Fruits
Shellfish	Lidocaine
Fragrance/Essential Oils	Tree Nuts
Dairy	Sunscreen
Pollen	None

Have you ever received any botox or fillers? If so, where and when?

Have you ever experienced claustrophobia?

YES NO

Please rate your stress level:

Low Medium High None

YOUR SKIN:

What are your skin concerns? _____

What would you say your skin type is:

- Normal (no visible blemishes, fine pores, smooth texture)
- Sensitive (reactive to fragrance, often irritated)
- Combination (oily and dry patches, oily t-zone, hormonal breakouts)
- Oily (enlarged pores, excessive oil)
- Acne (cystic or nodules)
- Dry (dull, visible lines and wrinkles, feels tight)

What skin care products do you use on a daily basis?

- | | |
|----------------------------------|---------------------|
| Cleanser | Toner |
| Serum | Mask |
| Eye Cream | Moisturizer |
| SPF | Vitamin A (retinol) |
| Exfoliant (physical or chemical) | |

Do you experience routine breakouts or acne? _____

Have you received any of these facial hair removal services in the last 7 days?

- | | | |
|-----------------|-----------|--------------------------|
| Waxing/Sugaring | Threading | Laser/Electrolysis |
| Accutane | Retin-A | Prescribed Topical Cream |

Are you currently using any products that contain:

- AHA (glycolic acid, lactic acid, etc.)
- BHA (salicylic acid) Vitamin A derivative (retinol/retinoids)
- Exfoliating Scrubs

Have you ever received chemical peels, laser services, or microdermabrasion treatments?

- YES, within the last 2-3 months NO

Are you pregnant or breast-feeding?

- YES NO

I acknowledge that I must adhere to DEEA BOUTIQUE's policies. I understand that cancellations must be done with at least 24 hours notice. Failure to do so will result in the loss of a package or 50% of the total service cost. I acknowledge that ANY no show will result in the loss of a package or 100% of the total service cost. I understand that after 15 minutes of tardiness my appointment may be subject to cancellation and I will be responsible in accordance with the "no-show" policy.

I acknowledge that my skin might experience temporary irritation, tightness, redness or slight swelling which usually dissipates within 72 hours depending on skin sensitivity.

I acknowledge that if I am allergic to one or more ingredients in the products used, I may experience allergic reactions.

I acknowledge that if I fail to use a minimal sunscreen (SPF45), I am more susceptible to sunburn, skin damage & hyper pigmentation. I should avoid excessive sun exposure especially between 10am-2pm.



I acknowledge that this treatment is strictly an elective cosmetic procedure and no medical claims have been expressed or implied.

I acknowledge that I should avoid the use of Retin-A type products, aggressive exfoliation, waxing, and products containing acids that are no part of the recommended take-home regimen for 2-4 weeks following treatment.

I consent (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

I give consent for all future treatments.

I release DEEA BOUTIQUE and its staff of any liability associated with any injuries and /or current and future conditions resulting from the skincare procedures or products.

SIGNATURE: _____