Irene's Skintopia

MEDSPA

Client Intake & Consent Form — Fillable Copy

Visit Details

Date _____ Start Time _____ End Time _____

Client Information

Client Name _____

Date of Birth _____ Cell Phone _____ E-Mail _____

Address _____

Sex

○ Female ○ Male

Referred By

☐ Friends ☐ Family ☐ TikTok ☐ Yelp ☐ Other: _____

Interested Care

☐ Hydrating ☐ Brightening ☐ Anti-Aging ☐ Tightening ☐ Acne Care

☐ Other: _____

Skin Condition Notes

What kind of products do you currently use?

a. b. c.

What is your occupation?

Do you have any implants, a pacemaker, or body piercings?

○ Yes ○ No

If yes, please describe

Are you currently using Retin-A, Renova, Accutane, or Glycolic Acid?

○ Yes ○ No

If yes, please describe

Do you have any allergies?

○ Yes ○ No

If yes, please list

Have you ever had a facial before?

○ Yes ○ No

If so, how often?

Have you ever had any peel?

○ Yes ○ No

If so, what kind of treatment?

Are you pregnant?

○ Yes ○ No

If yes, how many weeks?

Product History / Sales

Treatments & Procedures

ESTHETICIAN INITIALS

No.	Date	Treatment / Procedure	Init.

Consent for Skincare Procedures

Waiver, Disclosure, Release & Consent for Dermal Procedures. Type your initials in each box to confirm you have read and understood that clause. By completing this form I, the client named above, confirm I am over the age of 18, am not pregnant or nursing, and that the specific procedure to be performed has been explained to me.

INITIAL — I have been informed of the nature, risks, and possible complications and consequences of a skincare facial, including but not limited to infection, scarring, inconsistent color, spreading, fanning, and burning. I request the procedure(s) and accept the permanence and possible complications and consequences involved.

INITIAL — Allergic reactions can occur from the creams/gels used, including rare redness, itching, blisters, or swelling depending on skin type and body condition. Irene's Skintopia cannot accept responsibility if the area does not respond to the products, especially for individuals prone to allergies, scarring, or certain medical conditions.

INITIAL — I understand there is no 100% warranty or guarantee of results, as outcomes depend on factors including medication, skin characteristics, pigment blending, pH balance, alcohol/smoking intake, aftercare, current state of health, and age.

INITIAL — I understand a certain amount of discomfort is associated with this procedure, and that minor and temporary bleeding, bruising, redness, or discoloration may occur. Some potential adverse changes may not be correctable. I understand before/after photographs are a condition of the procedure(s), and I certify I have read and initialed each paragraph above.

INITIAL — I have read and understand each statement above. I acknowledge this is a contract and assume all risks involved, and have received no warranties or guarantees regarding the results of the procedure(s).

INITIAL — I acknowledge that I am of sound mind and capable of making independent decisions for myself. I hereby release and forever discharge Irene's Skintopia LLC and its owners, estheticians, employees, and affiliates from any and all claims, damages, or legal actions arising from my skincare procedure.

INITIAL — I have read and fully understood the above information, and I release Irene's Skintopia LLC and its employees and estheticians of all claims and injury, seen or unseen, resulting from this procedure. Any breach of this contract shall result in legal action.

INITIAL — By purchasing any facial, facial package, or medical procedure (i.e. Botox, Filler, Plasma Pen, etc.) and/or products, I understand there are NO REFUNDS and I will not hold Irene's Skintopia Medspa responsible for chargebacks or any other type of payment, including bookings, deposits, or balance payments.

Signature

Printed Name

Date

Type of ID

ID #

Client Signature

On iPad: open with Markup (the pen-tip icon) to sign here with your finger or Apple Pencil.

Or type your full name to sign

Witness Signature

Date