fusion
Massage & Wellness

Name _____ Phone (_____) _____ DOB _____
Cell phone provider: _____ (**text confirmations)

Address _____ City _____ State _____ Zip _____

Email _____
*Email is used for appointment confirmation. Would you like to receive email on monthly specials or discounts? Yes □ No □

Occupation _____ Referred by _____ Male □ Female □

Emergency Contact _____ Phone (____) _____

Have you ever used any of the following?
(please check all that apply)

□ Retin A
□ Benzoyl Peroxide
□ Salicylic Acid
□ Glycolic Acid
□ Self Tanners
□ Alpha Hydroxy Acid
□ Buff Puffs
□ Granular Scrub
□ Acutane
□ Hydroquinone
Other Chemical Exfoliators: _____

Have you ever had any of the following?
(please check all that apply)

□ Acne
□ Dermatitis
□ Eczema
□ Psoriasis
□ Seborrhea
□ Herpes Simplex
Other skin condition not listed: _____
_____
When/Describe: _____

Have you seen a physician in the last year for any skin related issues?
Yes □ No □
If yes, for what? _____

What improvements would you like to see with your skin?
_____

Please check all that apply:

□ Do you smoke?
□ Pregnant: _____ Weeks
□ Facial Surgeries
□ Contact lenses
□ Oiliness
□ Dryness
□ Lines/Wrinkles
□ Sun damage
□ Blackheads
□ Rosacea/Redness
□ Acne
□ Pigmentation/Age spots
□ Broken Capillaries
□ Skin tone/Elasticity
□ Product Sensitivity

How often do you use the following products?

Product	Daily	Occasionally	Brand
Cleanser			
Toner			
Moisturizer			
Eye Cream			
Facial Scrub/Peel			
Masks			
Prescription (Retin-A)			
Acne/ Spot Treatment			
Sunscreen			

Please list any Allergies, Skin Sensitivities, or Medications:
_____
_____

I understand, have read and completed this questionnaire truthfully. I understand that withholding information or providing misinformation may result in contraindications 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. I further understand that the work of the esthetician should not be confused as a substitute for medical examination, diagnosis, or treatment and that nothing said in the course of the session should be construed as such. I agree to keep this institution informed as to any changes in my medical profile. I also understand that by scheduling future appointments, I am liable for payment of said appointments if I fail to cancel within the 24 hours stated in Fusion's company policy. I understand and agree that I will be responsible for paying 100% of the service fee for any no-showed or late cancelled appointments. I agree that Fusion will deduct this from my credit card, a gift card, or series on file at their discretion if missed or cancelled appointment is not filled by another client. This policy is enforced in our desire to be effective and fair to all clients and out of consideration for our therapist's precious time as they do work on commission and as Fusion does have a constant running waiting list. By signing this form, I agree to all terms listed on this form.

Signature _____ Print Name _____ Date _____