

A.Serenity Skincare & Spa

Client Form

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____

Cell: _____ Carrier: _____ if you want to receive SMS appointment reminders.

Occupation: _____

E-Mail: _____ @ _____ Do not sign me up for ASerenity newsletters/specials

How did you hear about ASerenity?

Referral~ Name of person or business referring you _____

Gift Certificate ~ Name of person who purchased _____

Walk-In Internet (what site?) _____ Other ~ please specify _____

Do you have any known allergies? _____

What medication are you currently taking if any? (topical or oral) _____

Have you had a face lift, chemical peel and/or laser in the past 6 months? _____

Have you or are you taking Acutane or any other acne medication? _____

Are you using Retin-A, Renova, Adapalene Hydroxyl Acid, Differin, Glycolic Acid, AHA, Salicylic Acid or Retinol/Vitamin A products? yes no describe: _____

Have you used any of these products in the past 3 months? yes no

Do you have any metal implants or wear a pace maker/defibrillator? yes no

Do you have any of the following?

High Blood pressure Diabetes Heart Disease Thyroid Disorder Cancer Epilepsy/Seizures

Blood disorders, HIV, Hepatitis Herpes/cold sores Depression/anxiety Claustrophobic

Other: _____

Females: Are you pregnant? yes no Are you taking oral contraceptives? yes no Specify: _____

Any recent changes to or from your contraceptive treatment? yes no Specify _____

Any menopausal problems? yes no

What are your main concerns with skin/body?: _____

What are your expectations for today's visit? _____

What products are you currently using? _____

Have you ever had an adverse reaction after using any skin care product? (Please circle any that apply)

Rash Irritation Peeling Sun Sensitivity Breakout

Would you like to learn more about other services we offer, including Botox & Restylane? yes no

Please notify us at least 24 hours before your treatment time if you need to cancel or reschedule. Cancellation with less than 24 hours notice or "no-shows" will result in a charge of 50% of the service fee. I acknowledge that all the above is understood and correct.

Signed: _____ Date: _____

Did you know you can book your next appointment online at www.ASerenity.com
Our referral program rewards you, ask how!!!