



Grand Rapids Natural Health, LLC  
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**Organic Skin Care Intake Form**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Phone (to confirm appointments) \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation \_\_\_\_\_

**Medical Information**

Do you currently have or ever had any of the following?

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Pacemaker           | <input type="checkbox"/> Phlebitis/<br>Thrombosis | <input type="checkbox"/> Herpes or Cold Sores           | <input type="checkbox"/> Ulcers            |
| <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Plates/Implants/Pins     | <input type="checkbox"/> Prone to Cold Sores            | <input type="checkbox"/> Varicose Veins    |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Joint Replacements       | <input type="checkbox"/> Skin Tumor                     | <input type="checkbox"/> Braces            |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Thyroid Conditions       | <input type="checkbox"/> Claustrophobia                 | <input type="checkbox"/> Skin Pigmentation |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Eczema                         | <input type="checkbox"/> Acne              |
| <input type="checkbox"/> Stroke              | <input type="checkbox"/> Osteoporosis             | <input type="checkbox"/> Psoriasis                      | <input type="checkbox"/> Keloid Scars      |
| <input type="checkbox"/> Hysterectomy        | <input type="checkbox"/> Hormone<br>Replacement   | <input type="checkbox"/> Autoimmune                     | <input type="checkbox"/> Rosacea           |
| <input type="checkbox"/> Prosthetics         |   | <input type="checkbox"/> Polycystic Ovarian<br>Syndrome | <input type="checkbox"/> TMJ               |
| <input type="checkbox"/> Hemophilia          |   |   | <input type="checkbox"/> Other _____       |

Are you Pregnant, possibly pregnant, or breast-feeding?  Y  N

List Current Medications \_\_\_\_\_

List all allergies (food, environmental, medication, etc.) \_\_\_\_\_

Are you using or have used any of the following?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Retinoids (Retin-A, Renova, Differin, Tazorac) | <input type="checkbox"/> Steroids/Cortisone Creams        | <input type="checkbox"/> Benzoyl Peroxide   |
| <input type="checkbox"/> Hydroquinone (Lustra, Tri-Luma, EpiQuin Micro) | <input type="checkbox"/> Metronidazole (MetroGel, Flagyl) | <input type="checkbox"/> Isotretinoin (Accutane)                                      |
|   | <input type="checkbox"/> Tetracycline/Minocycline         | <input type="checkbox"/> Alpha or Beta Hydroxy Acids (Glycolic, Lactic, or Salicylic) |

Ointments or medications to treat acne or skin conditions \_\_\_\_\_

Have you ever reacted to any skincare products?  N  Y \_\_\_\_\_

Have you seen a Dermatologist in the past year?  N  Y \_\_\_\_\_

**Skin Information**

What products do you currently use on your face?

AM: Cleanser \_\_\_\_\_  
 Toner \_\_\_\_\_  
 Moisturizer \_\_\_\_\_  
 Sunblock- SPF# \_\_\_\_\_  
 Other \_\_\_\_\_

PM: Cleanser \_\_\_\_\_  
 Toner \_\_\_\_\_  
 Moisturizer \_\_\_\_\_  
 Sunblock- SPF# \_\_\_\_\_  
 Other \_\_\_\_\_

How is your skin during the day?

- Oily all over       Shiny in T-Zone       Tight, Dry, or Flaky       Red or Irritated       Other \_\_\_\_\_

Do you sunbathe or use tanning beds?  N  Y      Does your face turn red easily?  N  Y

Have you been out in the sun or in a tanning bed in the past two weeks?  N  Y

When did you last expose your body to the sun (or artificial sun lamp/tanning bed)? \_\_\_\_\_

When you sunbathe or get accidental sun, how does your skin respond?

- Always burn, never tan       Burn easily, tan poorly       Burn first, tan okay  
 Occasionally burn, tan easily       Very rarely burn, tan very easily       Never burn, always tan darkly

How much water do you drink per day?       Little       Average       A lot (1 gallon)

How much caffeine do you consume per day?       None       Some       A lot

Do you smoke?  N  Y

Please check areas of concern:

- Premature Aging       Pore Size, Surface Condition, or       Other Skin Condition \_\_\_\_\_  
 Sun Damage      Texture       Acne and/or Blemish Control  
 Oil Control       Pigmentation: Redness or       Dryness and Irritation  
Discoloration       Stress Reduction and Relaxation

What are your skincare goals, or what brought you in today? \_\_\_\_\_  
\_\_\_\_\_

Have you had any of the following?

- Cosmetic Surgery       Botox, Fillers, or Injections       Laser Resurfacing or  $CO_2$        Photo Facials  
 Permanent Makeup       Laser Hair Reduction       Microcurrent       LED Light Therapy  
 Microdermabrasion       Dermaplaning       Chemical Peels       Waxing

Have you had any surgery in the past 12 months?  N  Y \_\_\_\_\_

How did you hear about Grand Rapids Natural Health's Organic Skincare services? \_\_\_\_\_

## **Skin Care Policies and Procedures**

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**Please note in rare instances, facials can cause certain side effects such as redness, swelling, and tenderness of the areas treated as well as temporary breakouts.**

### **Cancellation Policy**

We understand that at times you may need to cancel or reschedule your appointment. Because services are guaranteed reservations, 50% payment is required for the following: less than 24 hours notification to cancel or reschedule appointments, no-show or missed appointments, and late arrivals. Arriving late will cut into your total time reserved for your service with full service charges still applied. I do understand that fees for services are due at the time of care.

### **Hold Harmless**

Please be aware that we have the right to deny any service due to the condition of skin, medical condition, or any reason.

It is my responsibility to notify the esthetician of any health conditions, allergies, and medications and that my treatments will be based upon the information I have provided. I understand that estheticians are not able to diagnose or treat any medical conditions, and that any health concerns I have should be addressed by the doctor or other qualified medical health practitioner.

I understand that it is not possible to state every complication that may occur as a result of treatments. I also understand the importance of following homecare instructions, and I will call and speak with an esthetician should I have any questions or concerns following my treatment. I understand there are no guarantees with regard to the result of this treatment, due to many variables, like: age, condition of the skin, sun damage, smoking, environmental pollutants, etc. I understand that to achieve maximum results, it may require several treatments.

I consent to receiving today's services, and I release Grand Rapids Natural Health, its employees, Independent contractors, and affiliates from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any damage or injury that may be sustained by me, whether caused by the negligence of the Grand Rapids Natural Health, or otherwise, during and after services, and/or by my participation, as a result of products I purchased from the facility. I acknowledge and represent that I have read this foregoing waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act; no oral representation or written statements have been made. I am at least eighteen (18) years of age and fully competent.

My signature below constitutes acknowledgement that all the information I have provided is true and accurate and that I understand and agree to the terms and conditions outlined in all pages of this document. I understand the above information and I consent to receive services from Grand Rapids Natural Health, its employees, independent contractors, and affiliates.

I give Grand Rapids Natural Health permission to subscribe me to monthly newsletters and promotional deals.

\_\_\_\_ yes      \_\_\_\_\_ no

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_