



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

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

Do you exercise on a regular basis? N Y

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 Texture Other Skin Condition _____
 Sun Damage Acne and/or Blemish Control
 Oil Control Pigmentation: Redness or Discoloration Dryness and Irritation
 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 CO₂ 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

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

Please be aware that late cancellations or no-show appointments will be charged 50% of the appointment fee.

It is requested that if you must cancel your appointment, that you provide more than 24 hours' notice. A cancellation is considered to be late when the appointment is canceled without a 24-hour advance notice. A "no-show", is a patient who misses an appointment without canceling it. This includes arriving 15 minutes after your scheduled appointment.

Any occurrence of a late cancellation or a "no-show" within 24 hours will be subject to a fee of 50% of the visit applied to the credit card stored on file 24 hours after the visit booking time. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

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 _____