SKIN SHAMAN
FACE AND BODY
EVOLUTION

New Client Form

Name

Address

City

State

Email

Phone

Birthday

Text Confirmations? ◯ Yes ◯ No

Who is you mobile provider

How did you hear about Skin Shaman ?

Known Allergies

Medications

Do you have any of the following?

◯ Pace Maker
◯ Metal Plate or Pins
◯ Thyroid Condition
◯ Anemia
◯ Contagious Disease
◯ Hepatitis
◯ Diabetes
◯ Asthma
◯ Herpes
◯ Heart Condition
◯ Eczema
◯ Autoimmunity
◯ Psoriasis
◯ Epilepsy
◯ High Blood Pressure

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Do you use any of the following?

- ◯ Retinol
- ◯ Accutane
- ◯ Benzoyl Peroxide
- ◯ Salicylic
- ◯ Blood Thinner
- ◯ Birth Control
- ◯ HRT Therapy
- ◯ Alpha Hydroxy
- ◯ Glycolic

Other

Check all skin conditions that apply

- ◯ Flaky
- ◯ Extra Oily
- ◯ Oily “T” zone
- ◯ Sun Damage
- ◯ Clogged Pores
- ◯ Cellulite
- ◯ Dryness
- ◯ Breakouts
- ◯ Fine Lines
- ◯ Discoloration
- ◯ Deep Lines
- ◯ Capillaries

Other

Please explain any allergic reactions and associated symptoms.

How many glasses of water do you drink per day?

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Have you ever received a facial?

◯ Yes ◯ No

Were you happy with the treatment?

◯ Yes ◯ No

Explain your experience

What would you like to change about your skin?

Do you smoke? ◯ Yes ◯ No

Rate your daily consumption (**1** is rare; **5** is most meals)

Dairy	Alcohol	Spicy Foods
Fried Foods	Refined Sugar/Grains	Whole Grains
Caffeine	Vegetables/ Fruits	Protein

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Have you received a deep skin peel in the past 2 months?

◯ Yes ◯ No

Have you used retinol or glycolic acid in the past 72 hours?

◯ Yes ◯ No

Skin Shaman will not treat individuals:

- that have used retinol or glycolic in the past 72 hours.
- that have used Accutane within the past 12 months
- with active cold sores

Client Agreement

- Any information provided by Skin Shaman is for educational purposes only, and is not a substitute for medical diagnosis or treatment.
- All information provided to Skin Shaman LLC. by the client is confidential and will not be shared or sold to 3rd parties.
- The client agrees to comply with all pre and post treatment protocols recommended by Skin Shaman.
- The client agrees that all appointments require a minimum of 24 hour cancellation notice or are subject to a charge of 50% of the total cancelled service cost.

☐ By checking this box and adding you name you are accepting the Client Agreement.

Name

Date