

Welcome to Rich Earth Organic Skin Care Studio!

It is a pleasure to help you awaken your most healthy, luminous skin! Please share a little about you and your skin to help us begin together on the right path. *(Your information is selfishly hoarded and never, ever shared with anyone.)*

Client Name (Last, First): _____ Phone Number: _____

Email Address: _____

Emergency Contact Name: _____ Phone Number: _____

My reason for being here (check all that apply):

- To improve the health and appearance of my skin.
- To relax my body, calm my mind, and restore my spirit (*and to bring out my glow would be nice, too*).
- To learn how to care for my skin.
- Other: _____

Aromatherapy (check all that apply):

Some facials may include aroma-therapeutic essential oils and essences.

May we ask for your favorites?

- Floral (*rose, lavender, etc.*)
- Earthy/Spicy (*patchouli, ginger, etc.*)
- Woodsy (*pine, sandalwood, etc.*)
- Citrus (*grapefruit, bergamot, etc.*)
- Fresh (*cucumber, rosemary, peppermint, etc.*)

Reiki:

Some facials may include Reiki, if you wish.

May we have your permission to offer Reiki to you during your facial (*if applicable*)? Yes No

(Reiki is a healing technique that optimizes the flow of energy through light touch to activate the natural healing processes of your body.)

Any allergies? (check all that apply):

- No allergies
- Shell fish (*glucosamine*)
- Aspirin
- Honey (*or any bee products, such as propolis, bees wax, etc.*)
- Iodine (*algae, seaweed*)
- Nuts
- Other: _____

Share more about your allergy if you have one. (*i.e. Is it a topical allergy? An internal allergy? What type of reaction does it cause?*):

Any prescription drugs, supplements or herbal remedies that could affect your skin?:

- No prescription drugs
- I am taking Accutane
- I am taking antibiotics
- I am taking thyroid medication
- I am taking blood thinners (*anticoagulants*)
- I am taking a medication that increases light sensitivity or phototoxicity
- Other: _____

Any medical conditions that could affect your skin or influence what the best treatment/facial for you will be?

- | | |
|---|--|
| <input type="checkbox"/> No medical conditions | <input type="checkbox"/> I have light sensitivities (<i>photo allergies</i>) |
| <input type="checkbox"/> I have a pacemaker | <input type="checkbox"/> I have epilepsy (<i>or get seizures</i>) |
| <input type="checkbox"/> I have some serious heart issues | <input type="checkbox"/> I have hypothyroidism (<i>or other thyroid condition</i>) |
| <input type="checkbox"/> I have some serious kidney issues | <input type="checkbox"/> I have an autoimmune disease (<i>lupus, scleroderma</i>) |
| <input type="checkbox"/> I have bronchial asthma | <input type="checkbox"/> I have oedema |
| <input type="checkbox"/> I have some suspicious moles/lesions on my skin that have not been seen by a dermatologist yet | <input type="checkbox"/> I have thrombosis |
| <input type="checkbox"/> I am being treated for skin cancer | <input type="checkbox"/> I am prone to keloid or abnormal scarring |
| <input type="checkbox"/> I have had skin cancer in the past | <input type="checkbox"/> I am pregnant |
| <input type="checkbox"/> I have been diagnosed with a form of cancer other than skin cancer | <input type="checkbox"/> I am nursing |
| <input type="checkbox"/> I am currently receiving chemotherapy or radiation therapy | <input type="checkbox"/> I get cold sores (<i>facial herpes, fever blisters</i>) |
| | <input type="checkbox"/> Other: _____ |

Have you had any medical cosmetic treatments (check all that apply):

- No medical cosmetic treatments
- I currently have facial injections (*for example, botulinum toxin A such as Botox and Xeomin, or fillers such as Juvederm and Restylane*).
 - How recently?: _____
- I have had facial cosmetic surgery (*face lift, neck lift, eye lift, rhinoplasty, etc.*)
 - What type?: _____
 - How recently?: _____
- I have had a laser or IPL (*Intense Pulsed Light*) treatment, or a medical grade chemical peel.
 - How recently?: _____
- Other medical cosmetic treatment:
 - How recently?: _____

Anything else you'd like to share about your skin or you?:

If my purpose for receiving treatments/facials is to improve the health and appearance of my skin, I agree to follow both the home care protocols and treatment/facial schedule outlined for me by my Rich Earth Organic Skin Care Studio practitioner. If I experience an unexpected reaction to a recommended skin care product or have any questions about my prescribed home care regimen, I will contact Rich Earth Organic Skin Care Studio expediently for guidance.

Initials _____

All of the above information is true and accurate to the best of my knowledge. I will inform Rich Earth Organic Skin Care Studio if any of the information I have provided changes.

Name (Print): _____

Date: _____

Name (Signature): _____

Thank you so much! Looking forward to supporting you in revealing your healthiest, most luminous skin!