



CONSULTATION FORM

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

EMAIL: _____

1. What are your main skincare concerns?

2. If you could wave a magic wand, how would your skin look in one month?

3. Any special requests today? (Extractions, skin clearing, hydration, relaxation)

4. Medical, Health, Body Conditions: Is there anything I need to know before we get started? The more I know, the better your results. (Please list allergies, sensitivities, pregnant, nursing, health issues, diabetic, medications, metal plates, cold sores, herpes, Retin A use, or any topical skin products that cause skin sensitivity)

5. What did you LOVE about your last facial and what could you have lived without?

6. Knowing that homecare is a big part of achieving beautiful skin, would you like to chat about how to maintain results at the end of your facial?

Yes, give me the scoop on how to look and feel beautiful.

No, just here to relax.



7. Anything else you want to share? I love learning about my clients as it helps me provide superior service.



PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING:

_____ I understand Cathy Kurt Aesthetics services including facials and body treatments given at Cathy Kurt Aesthetics, are for the sole purpose of skin cleansing, body and mind relaxation and rejuvenation.

_____ I understand that it is imperative to tell my Esthetician about any oral or topical medications prior to any facial, waxing, micocurrent, or body services.

_____ I understand the Cathy Kurt Aesthetics and staff do not diagnose illness, disease, or any other physical or mental disorder. I accept full responsibility of the use of Cathy Kurt Aesthetics at my own risk and do not hold Cathy Kurt Aesthetics or staff liable for loss, damage, or injury.

_____ I understand results are personal and not guaranteed.

_____ I confirm that to the best of my knowledge that the answers given on this client consultation form are correct and that I have not withheld any information that may be relevant to my treatment with Cathy Kurt Aesthetics.

_____ I understand that I must provide at least 24 hours advance notice for the cancellation of an appointment.

_____ I understand Cathy Kurt Aesthetics has a strict 24 hour cancellation policy. In the event of a late cancellation/no show the full price of scheduled appointment is owed.

_____ I understand there are risks associated with skincare treatments, such as redness, sensitivity, peeling, inflammation. Any additional concerns, I will discuss with my esthetician.

Please note any additional information that may be of importance to our Licensed Esthetician regarding the spa treatment you will be receiving:

Signed by: _____

Date: _____