



Facial Intake Form

Have you ever had a facial? __YES / NO

If you have any of the following please check:

- () Seizures/Epilepsy () Hi/low blood pressure () Cancer () Heart disease
- () Hypertension () Skin infection () Internal infection () Herpes
- () Neck/Back injuries () Vascular () Implants/Pacemaker () Diabetes
- () Recent surgeries () HIV () Liver/Kidney disease

Are you presently using any of the following:

- Retin A/Renova Y/N
- Glycolic Acid/Alpha Hydroxy Acid Y/N
- Accutane Y/N
- Vitamin C Y/N

Have you recently undergone any of the following?

- Peels Y/N
- Facial Injections Y/N
- Microblading Y/N
- Advanced Treatments Y/N If yes please explain: _____

I have read the above information and discussed it with my practitioner. I understand that this work does not constitute medical treatment or diagnosis, but rather a form of health maintenance. I certify that the above statements are accurate and I have no other health impairments to body work. I hereby release Thrive Med Spa + Wellness Therapists from any liability.

Signature

Date _____