



Client Information Form

Name: _____ Date: _____

Address: _____ Suite/Apt#: _____

City: _____ State: _____ Zip: _____

Preferred number for contact and appointment reminders: #: _____

Email: _____ Month of Birth: _____

How did you hear about us? _____

Do you have any medical conditions? _____

Are you pregnant? _____ If so, how many months? _____

Do you have any current heart problems? _____

Are you currently taking any medications? _____

Do you take or use Accutane? _____ Retin-A? _____ Glycolic Acid? _____

Do you have any allergies? (please list) _____

What skin care products do you currently use? _____

CANCELLATIONS
 Your scheduled appointment is reserved exclusively for you. Should you need to cancel or reschedule your appointment, please notify us 24 hours in advance. All services re-scheduled or cancelled on same day of appointment or missed without notice will be charged 100% of treatment price.

Consent and Agreement:
 I certify that the above statements are true and correct and that I having been fully advised by Shelley Bennett Skincare concerning the nature of the treatment process proposed to be administered by them, hereby authorize and direct them to administer such procedures as may be deemed necessary or advisable. My signature below constitutes my acknowledgement that (1) I have read, understand, and fully agree to the foregoing consent; (2) the proposed treatment process has been satisfactorily explained to me and I have all the information which I desire; and (3) I hereby give my consent and authorization and release this establishment and its agents of any claims that I have in the future in connection with the described treatment.

Client Signature: _____ Date: _____