Behind the Wallpaper

Please answer the following questions so that our skin care specialist may have a better understanding of your general health and wellness.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently under a doctor’s care? ❑Yes ❑ No

What medications do you take on a regular basis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you take nutritional supplements? ❑ Yes ❑ No

Please circle any of the following conditions you have or have experienced:

❑Fever Blisters/Cold sores ❑Hypertension ❑High Cholesterol ❑Asthma ❑Lupus ❑Stroke ❑Metal Plates❑ Anemia ❑Varicose Veins ❑Cancer ❑Diabetes ❑Seizures ❑Tooth fillings ❑Fainting ❑Irregular pulse ❑Eating Disorders ❑High or Low Blood Pressure ❑Hernia ❑Heart Attack ❑Claustrophobia ❑Thyroid Disorders ❑HIV/AIDS ❑Dermatitis ❑Keloid Scaring

Are you on hormone therapy? ❑ Yes ❑ No

Are you presently taking birth control pills? ❑ Yes ❑ No

Are you pregnant or planning to be? ❑ Yes ❑ No

Have you ever seen a dermatologist? ❑ Yes ❑ No

If yes may we know the reason for the visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have or have ever had acne? ❑ Yes ❑ No

Are you using or have ever used any medications for acne? ❑ Yes ❑ No

Name of medication­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you participate in outdoor activities or tan? ❑ Yes ❑ No

Do you use a sunscreen/sun block? ❑ Yes ❑ No

Which conditions do you want to improve? ❑Hyperpigmentation ❑Acne/Acne Scarring ❑Sun Damage ❑ Enlarged Pores ❑ Fine Lines & Wrinkles ❑Scars ❑ Other: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check if presently using or have used any of the following in the last three months? *(Please all that apply)*

❑ Accutane ❑ Alpha/Beta Hydroxy Acid

❑ Topical Vitamin C ❑ Antiaging Products

❑ Hydroquinone ❑ Retinoid (Vitamin A derivatives) ❑Benzoyl Peroxide ❑Glycolic ❑ Latic Acid

Have you had any of the following? ❑Cosmetic Surgery ❑ Botox ❑Laser Resurfacing ❑Chemical Peels ❑Microneedling ❑LED ❑Microdermabrasion

Do you smoke? ❑ Yes ❑ No

Are you on a diet? ❑ Yes ❑ No

Do you exercise? ❑ Yes ❑ No

Do you wear contact lenses? ❑ Yes ❑ No

Have you had a facial before? ❑ Yes ­­­­­­\_\_/\_\_\_/\_\_\_❑ No

Have you waxed in the past week? ❑Yes ❑ No

Do you have history of ingrown hairs? ❑Yes ❑ No

Do you exfoliate the area waxed? ❑Yes ❑ No

Do you have permanent cosmetics? ❑ Yes ❑ No

If yes, where? ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What treatment enhancement would you like to experience today?

|  |  |  |
| --- | --- | --- |
|  Facial Enhancements (upgrade) | price |  yes |
|  |  |  |
| Extractions + | $25  | ❑ |
| Microdermabrasion | $49 | ❑ |
| LED Light Therapy  | $19 | ❑ |
| 24 ct. Gold Collagen masque | $19 | ❑ |
| Lavender tranquility masque | $15 | ❑ |
| Omni Peptide Mask | $29 | ❑ |
| Lifting Peptide Mask  | $19 | ❑ |
| Raspberry Firming Mask  | $29 | ❑ |
| O2 eye lift  | $19 | ❑ |
| Jade Calming Massage (rollers) | $29 | ❑ |
| Tourmaline Energy Massage (stones) | $29 | ❑ |
| Head & Shoulder Massage  | $29 | ❑ |
| Hand and Foot Massage  | $29 | ❑ |
| Moroccan Foot bath  | $29 | ❑ |
| Lash Lift  | $59 | ❑ |

Behind the Wallpaper

Service Agreement/ Hold Harmless

**I hereby consent** to and authorize Behind the Wallpaper and its employees to proceed with the agreed upon spa services. I understand that by booking the appointment I have voluntarily elected to undergo this treatment/procedure. I have been told the nature and purpose of this treatment. And the risks and hazards involved have been explained to me and I understand that it is impossible to list every potential risk and complication. **Benefits, risks, and complications**. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all

Known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears above, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

**Refunds and Policies:** I understand that all services to be paid in full at the time of my treatment and that all sales are final. No refunds or cash back will begiven for services or products purchased at Behind the Wallpaper. All policies are located on the website and subject to change without notice. A public copy of the policies can be located at [www.btwskin.com/policies](http://www.btwskin.com/policies).

My signature on this confirms my understanding of the service agreement and I agree to the terms listed above and give my consent for treatment.

Client Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PARENT/ GUARDIAN CONCENT FOR MINOR CHILD. UNDER THE AGE OF 18. In consideration of minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being permitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in select services at Behind the Wallpaper . I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) agree to indemnify and hold harmless Behind the Wallpaper LLC from all claims, which are brought by or on behalf of minor connected with such services. I also agree that I have filled out the history form to the best of my knowledge for said minor.*

*Minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_*

*Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Office use only clinic notes:

Current Products:

|  |  |
| --- | --- |
| Cleanser  |  |
| Toner/Balancer |  |
| Serums |  |
| Hydrators |  |
| Moisturizer  |  |
| SPF |  |

Reactions/ Allergies/ Sensitivities

Client Goals:

Treatment

Supplementation