

Anne Bonny's Lash & Skin Boutique  
Facial Questionnaire & Consent Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Circle Skin conditions you are experiencing**

- (Hands or Face)      -Sun spots      -Freckles  
(Face or Neck)      -Fine lines      -Wrinkles  
(Around Eyes)      -Fine lines      -Wrinkles      -Dark Circles  
(Face, Chest or Back) -Acne Scars      -Acne Breakout  
-Blackheads      -Whiteheads      -Clogged Pores  
-Loss of Skin Elasticity      -Excess Facial Hair  
-Dry Chapped Lips      -Other \_\_\_\_\_

**What is the end result you are expecting for your skin?**

\_\_\_\_\_

**Please list facial products used**

Cleanser \_\_\_\_\_ Toner \_\_\_\_\_  
Moisturizer \_\_\_\_\_ Night Cream \_\_\_\_\_  
Make up \_\_\_\_\_ Other \_\_\_\_\_

**Circle any health conditions which you are now experiencing**

- Pregnant      -Diabetes      -High/Low Blood Pressure  
-Thyroid      -Cancer      -Eczema/Psoriasis  
-HIV      -Hepatitis      -Herpes Simplex  
-Keloids      -Migraine      -Active Sores

**Circle which applies to your daily routine**

- Topical Creams      -Retin A      -Contact lens      -Hormone Therapy  
-Dentures      -Metal Implants      -Birth Control      -Accutane

**What is your water intake? \_\_\_\_\_ cups per day**

**List any Allergies or skin Reaction**

Allergies \_\_\_\_\_

Skin Reactions \_\_\_\_\_

Products used \_\_\_\_\_

List all medications you are currently taking in the Last 30days Includes (hormones, birth control, pills, vitamins, herbal supplements etc.) \_\_\_\_\_

**Below is the list of enhancers available to you during your scheduled facial service. Please check your selection for anything you wish to add.**

Eye Treatment-\$15 \_\_\_\_\_

Jade Roller \$15 \_\_\_\_\_

(reduces facial puffiness and redness, helps smooth out fine lines/wrinkles)

Quartz Roller \$15 \_\_\_\_\_

(reduce inflammation and support the renewal of skin cells plus heals and rejuvenates)

Microdermabrasion \$30/area \_\_\_\_\_

Eyebrow Tint-\$15 \_\_\_\_\_

Eyelash Tint-\$18 \_\_\_\_\_

**I understand the elected procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the treatment performed by Anne Bonny's Staff. I do not hold the esthetician, whose signature appears below, 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.**

**Signature** \_\_\_\_\_

**Esthetician** \_\_\_\_\_

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

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