



GATEWAY FACIAL THERAPIES

Skin Care Intake and Release Form

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ D.O.B: _____

Emergency Contact: _____ Phone: _____

Please list any health conditions: _____

Are you currently using or have had any of the following?

- Retin A/Renova Hydroquinone Glycolic Acid/Alpha Hydroxy Acid
- Accutane Hormone Replacement Therapy Birth Control Acne Medication
- Chemical Peel Dermatitis Skin Cancer

If Yes, Please list the names of any prescription medication(s): _____

Have you ever had an allergic reaction to any of the following?

- Cosmetics Sunscreens Essential Oils Food Iodine Nuts
- Latex Skin Products Sulfur Alpha Hydroxy Acids Fragrance Other

Do you suffer from cold sores? Yes No Do you smoke? Yes No

Do you tan? Yes No Are you Pregnant: Yes No

Have you ever had a facial? Yes No

What skin care products are you currently using? _____

What areas of concern do you have regarding your skin? _____

I _____ understand and accept any risks of which I have been advised
 Associated with the agreed upon skin treatment. I release Christine Servello from all liability arising from
 any injury and/or damage from failure to inform Christine Servello of any pre-existing conditions,
 limitations, specific sensitivities, and/or any discomfort during treatment. I agree to keep Christine
 Servello updated as to any changes in profile.

Client Signature: _____ Date: _____