CLIENT INTAKE FORM

DERMAPLANING

GENERAL INFORMATION

Name: _____ DOB ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

How did you hear about us? _____

MEDICAL HISTORY

Do you currently or have you had any of the following? Please check all that apply:

- ☐ Abrasions
- ☐ Bleeding Disorder
- ☐ Dermatitis
- ☐ Hematoma
- ☐ Herpes
- ☐ Pregnant/Breastfeeding
- ☐ Skin Disease
- ☐ Other: _____
- ☐ Acne
- ☐ Broken Capillaries
- ☐ Eczema
- ☐ Hemophilia
- ☐ Hypersensitive Skin
- ☐ Rosacea
- ☐ Sunburn
- ☐ Autoimmune Disorder
- ☐ Cuts
- ☐ Fever
- ☐ Hepatitis
- ☐ Inflammation
- ☐ Skin Cancer
- ☐ Warts

Do you have any other allergies? Yes ☐ No ☐

If yes, please list:

Are you currently on any blood-thinning prescription or non-prescription drugs? Yes ☐ No ☐

If yes, what kind?

Are you currently taking any medications? Yes ☐ No ☐

If yes, what kind?

SKIN CARE HISTORY

Check the products that you currently use (please select all that apply):

- ☐ Body Lotion
- ☐ Cleansing Cream
- ☐ Eye Cream
- ☐ Facial Scrub
- ☐ Night Cream
- ☐ Body Soap
- ☐ Day Cream
- ☐ Exfoliants
- ☐ Hand Cream
- ☐ Skin Toner/Astringent
- ☐ Body Scrub
- ☐ Eye Makeup Remover
- ☐ Facial Soap
- ☐ Neck Cream
- ☐ Other: _____

What type of skin do you have?

☐ Normal ☐ Oily ☐ Dry ☐ Combination ☐ Unsure

Have you had any facial or dermatology services in the past 30 days? Yes ☐ No ☐

If yes, please explain:

Have you used Retin-A, Renova, AHAs or Retinal products in the last three months? Yes ☐ No ☐

If yes, please explain:

Have you received Botox, Lip Fillers, Restylane, Juvéderm or Collagen injections in the last 6 months? Yes ☐ No ☐

ABOUT YOU

What concerns do you have regarding your skin? Please select all that apply:

- ☐ Acne/Breakouts
- ☐ Blackheads/Whiteheads
- ☐ Dark Eye Circles
- ☐ Enlarged Pores
- ☐ Redness
- ☐ Sun Damage
- ☐ Other: _____
- ☐ Age Spots
- ☐ Broken Capillaries
- ☐ Dark Spots
- ☐ Excessive Oil/Shine
- ☐ Rosacea
- ☐ Uneven Skin Tone
- ☐ Aging
- ☐ Clogged Pores
- ☐ Dull/Dry Skin
- ☐ Hyperpigmentation
- ☐ Scarring
- ☐ Wrinkles/Fine Lines

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the esthetician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the esthetician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my esthetician and the salon for any injury or damages incurred due to any misrepresentation of my health.

_____	_____	_____
Name Printed	Signature	Date
_____	_____	_____
Esthetician Name	Signature	Date

DERMAPLANING CONSENT FORM

I, _____ give my consent for dermaplaning to be performed by

_____

Please read and initial each of the statements below:

_____ I certify I am over the age of 18.

_____ I understand that dermaplaning is a physical/mechanical form of exfoliation using a specialized dermaplaning blade for the removal of built-up dead skin cells and vellus hair. Following treatment skin will be smoother, softer, and better able to absorb the active ingredients in treatment and home care products.

_____ I have been informed of the nature, risks, and possible complications, and consequences of dermaplaning. I understand this treatment involves the use of the sterile, surgical blade to remove dead skin cells and vellus hair. As with the use of any sharp instrument, there is the possibility of nicks or cuts.

_____ I understand there are contraindications to this treatment, including but not limited to, diabetes (not controlled by diet or medication), cancer, active acne, bleeding disorders, the inability for blood to coagulate, or the development of keloids following injury. Certain medications including blood thinners, higher dosages of Aspirin, and Accutane are contraindicated for this treatment due to the possibility of delayed clotting from a nick or cut.

_____ I certify that I am not taking any of the above medications or experiencing any of the above conditions.

_____ While every precaution will be taken to avoid nicks, cuts, and scratches, I understand the risks and consent to treatment today.

_____ I understand that my esthetician only utilizes sterilized, disposable equipment to minimize the risk of infection or contamination and that my esthetician has received training inappropriate sanitation and hygiene techniques prior to performing any procedures. While the risk of infection from our procedures is extremely small, the possibility of such an occurrence cannot be totally prevented. Accordingly, I understand and accept the risk and release my esthetician and the spa from any and all liability related to the subject procedure, except instances involving gross negligence.

_____ I grant permission to _____ to take and use: photographs and/or digital images of me for use in news releases, educational materials and/or social media platforms including but not limited to Instagram, Facebook, Twitter, Tic Toc, and Pinterest.

By signing below, I agree to the following:

I have read or have had read to me the contents of this whole form. I understand the risks and alternatives involved in this/these procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I accept full responsibility for the decision to have dermaplaning done and understand that there is a no refund policy. I acknowledge that I have reviewed and approved the material given to me.

_____	_____	_____
Name Printed	Signature	Date
_____	_____	_____
Esthetician Name	Signature	Date

WAIVER CONSENT FORM

ALLERGIC REACTIONS / SIDE EFFECTS

I, _____ am aware that LASH CHANCE BEAUTY, LLC is not liable for any allergic reaction and/or side effects I may develop during/after the service is performed, and there will be no refunds if an allergic reaction and/or side effect occurs..

Name Printed	Signature	Date

PHOTOGRAPH AND VIDEO RELEASE FORM DERMAPLANING

PLEASE CHECK THE RELEVANT BOXE(S)

I understand that Lash Chance Beauty, LLC will take photos before and after the service is complete.

- ☐ I give permission for my photograph(s) to be used within the salon for display/ educational purposes.
- ☐ I give permission for my photograph(s) to be used within other printed publications.
- ☐ I give permission for my photograph(s) to be used on the salon's social media page and/or website.
- ☐ I do not want my photograph taken.

Photographs taken on _____/_____/_____

I hearby grants permission to the rights of my image and video without payment or any other consideration. I understand that my image may be edited, copied, exhibit, published and waive the right to inspect or approve the finished product. I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be use in diverse educational settings within an unrestricted geographic area.

By signing this form I have read and understood the policy and agree to abide by the above conditions.

Name Printed	Signature	Date
_____	_____	_____

POLICIES AND FEES

CANCELLATION AND NO SHOWS

Your appointment is very important. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least 24 hours' notice prior to your scheduled appointment time for cancellations or rescheduling of appointments. Please notify us by e-mail if your cancellation is outside of our normal business hours or you're unable to reach us by phone at 631-449-3972.

ANY APPOINTMENTS CANCELLED/RESCHEDULED OR CHANGED WITHOUT 24 HOURS NOTICE WILL RESULT IN A CHARGE EQUAL TO 50% OF THE RESERVED SERVICE AMOUNT. ALL "NO SHOWS" WILL BE CHARGED 100% OF THE RESERVED SERVICE AMOUNT.

LATE ARRIVALS

We understand that sometimes being late is out of control but please keep in mind that showing up late will affect the time of your service. Our client's time is value and so is ours, we try our best to accommodate late arrivals by performing the most complete treatment possible in the time remaining. Unfortunately arriving too late to perform a service will result in cancellation and the associated cancelled fee.

We recognize the time of our clients and therapist is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business but also the potential business of other clients who could have scheduled an appointment for the same time.

REFUNDS AND CLIENT'S SATISFACTION

Due to the nature of our service there are no refunds on any services. Please contact us within 72 hours of our service with any problems and/or concerns you have regarding your service. We feel that every client deserves the highest level of satisfaction. Should you not be satisfied please let us know immediately and we will discuss a solution.

Please remember that it is your responsibility to remember your appointment dates and times in order to prevent any missed appointments which result in a cancellation fee. Not receiving an electronic notification of your appointments from us is not sufficient reason to miss an appointment if the original confirmation notification was received timely.

By signing this form I have read and understood the policy and agree to abide by the above conditions.

Name Printed	Signature	Date

DERMAPLANING INFORMATION SHEET

What is dermaplaning?

Dermaplaning is an effective physical exfoliation method, which uses a surgical scalpel to shave away facial “peach fuzz” hairs and dead surface skin cells. This process stimulates your skin’s natural regeneration mechanisms, leaving a rejuvenated and healthy-looking complexion.

Am I a good candidate for dermaplaning?

The ideal candidate for dermaplaning has aging, dry, or rough skin. Dermaplaning can also help reduce the appearance of shallow acne scars, fine lines, and superficial hyperpigmentation.

Is the treatment safe?

This treatment is safe when performed by a properly trained skincare professional. There are risks of cuts on the skin, however, they are small as the pressure used for dermaplaning cannot cause a deep cut. If a nick or scrape occurs it will heal within 24-48 hours. There is also no downtime associated with this procedure.

How is dermaplaning different than a peel?

The difference between dermaplaning and peels is the depths to which each goes. Dermaplaning only touches the top layer of skin. It does not go down to the depths of even the mildest chemical peel. Dermaplaning will not deal with the deeper wrinkles or sun damage that a chemical peel can.

What is the difference between dermaplaning and microdermabrasion?

Both options are a form of physical exfoliation. Dermaplaning removes vellus hair (peach fuzz) and dead skin cells from the skin. Microdermabrasion exfoliates the surface of the skin, but not as thoroughly or deeply as dermaplaning.

How long is the treatment?

Dermaplaning takes anywhere between 30-45 minutes and can be performed every 3-4 weeks. The treatment itself removes approximately 21 days' worth of dead skin so it is important to let your skin rejuvenate before your next appointment.

Will my hair grow back thicker and darker?

No. There are different types of hair that grow on the body; vellus hair and terminal hair. Vellus hair is found on most areas of the body except palms, soles, lips, and genital areas, whereas terminal hairs are found on the scalp, underarms, and pubic regions. The soft and fine vellus hair grows back at the same rate and texture.