



Nourish

Massage Bodywork & Skin Therapies
Facial History and Release

Contact Information:

Name: _____ Date: _____

Email: _____ Phone: _____

Facial History/Treatment Information:

What products are you currently using for your skin?

Cleanser: _____ Toner: _____

Exfoliant: _____ Moisturizer: _____

Other: _____

Have you ever received a professional facial service before? yes no

If so, when? _____

What are your goals for your facial today? _____

Lifestyle Questions:

How many glasses of water do you consume daily? _____

Alcohol consumption? none low moderate high

Do you smoke? yes no

Do you have regular exercise and sleep patterns? yes no

What is your stress level? low moderate high

Are you currently on a restricted diet? _____

Please list all medications/supplements taken on a regular basis and reason for use.



Are you currently or have you been affected in the past by any of the following health conditions?

- Allergies Heart Problems Cancer/Skin Cancer Diabetes
- Psoriasis Sunburn Epilepsy Recent Peels
- Hormone Imbalance Herpes Simplex High/Low Blood Pressure Asthma

Do you have any open sores or abrasions? yes no

If so, where? _____

Have you had any cosmetic surgery, botox or injectables in the past 2 months? yes no

If yes, where and what type? _____

Have you been under a physician's care within the past year? yes no

If yes, please explain: _____

Skin sensitivity, oil secretion levels & general nerve activity:

Do you burn easily? yes no

Does your skin have a tendency to turn red easily? yes no

Have you ever used Retin-A or Accutane? yes no

Do you think your skin is sensitive? yes no

Do you ever experience break outs? yes no

Do you consume more than two cups of a caffeinated beverage a day? yes no

Do you suffer from or have you ever experienced claustrophobia? yes no

How does your face feel upon awakening? oily dry/itchy normal

After cleansing your face in the morning, how soon do you notice an oily shine?

- before noon noon to 3 pm after 3 pm not at all

Have you ever had a reaction to any of the following?

- Cosmetics Metals Pollen Foods Animals

Signing below verifies that you have honestly answered all questions and have read the previous information, thereby releasing Nourish Inc. from any liability.

Signature _____ Date: _____