



Star Body New Client Skin Consult Intake Form

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Work Phone: _____ Occupation: _____

Email Address: _____

Date of Birth: _____ Age: _____

How would you describe your skin? Oily Sensitive Dry Normal Combination

Have you ever received the following procedures?

Procedure	Frequency	Date of Last Treatment
Facials		
Chemical Peels		
Dermaplaning		
Microdermabrasion		
Laser Hair Removal		
Esthetic Laser Treatment (IPL, Fraxel, etc)		
Radio Frequency (RF) Treatments		
Microneedling		
PRP		
Facial Ultrasound		
LED Treatment		
Facial Waxing		
Eyelash/Brow Tinting		

Other: _____

If yes, please explain:

What skin care products do you use on daily basis?

SkinCare Products	Brand	Frequency
Cleanser		
Toner		
AM Moisturizer		
PM Moisturizer		
Sunscreen		
Corrective Serum		
Corrective Serum		
Facial Scrub		
Mask		
Mask		
Eye Cream		
Other -		
Other -		

Have you used any of the following topical/oral dermatological medications?

Medication	Number of Years	Date Last Used
Accutane		
Retin-A		
Hydroquinone		
Differin		
Tazarac		
Topical Antibiotics		
Renova		
Trentinoin		
Avage		
EpiDuo		
Ziana		
Alpha Hydroxy Acids (glycolic, lactic, malic)		
Beta Hydroxy Acid (salicylic)		
Benzoyl Peroxide		

Other: _____

If yes, please explain:

Are you currently pregnant or breastfeeding? Yes No

Are you currently experiencing Perimenopause or Menopause? Yes No

Are you currently undergoing any hormone therapies or taking any infertility drugs? Yes No

If yes, please explain:

Current Medications (include over the counter)

1. _____
2. _____
3. _____
4. _____
5. _____

Current Herbal Supplements and Vitamins

1. _____
2. _____
3. _____
4. _____
5. _____

Please List Allergies

Foods	Medications/Latex	Product Ingredients	Environmental

Please List Daily Habits

Habits	Never	Daily Intake	# of Years	Date Last Used
Alcohol				
Caffeine				
Tobacco				
Drugs				
Water				
Sugar				
Carbs/Yeast				

Are you having at least one bowel movement per day? Yes No

Do you wear contact lenses or eyeglasses? Yes No

Have you had excessive sun exposure in the last few days? Yes No

Will you be having excessive sun exposure on a vacation or in the near future? Yes No

Are you in the habit of using tanning booths? Yes No

Medical History

Have you ever had any of the following conditions?

Condition	Yes	No	Currently	Date of Last Diagnosis
Acne				
Rosacea				
Cold Sores/ Fever Blisters				
Skin Disorder (i.e. Dermatitis)				
Hypertrophic Scarring (i.e. Keloids)				
Fibroids				
Polycystic Ovarian Syndrome (PCOS)				
Constipation				
Diabetes				
Cancer				
HIV/AIDS				
Lupus				
Heart Conditions				
Pacemaker/Metal Implants				
Arthritis				
Seizures				
Severe Headaches/Migraines				
Hepatitis				
Bleeding Disorder (i.e. Anemia)				
Thyroid Disease				

Do you have any other medical concerns that have not been covered in this form? Yes No

If yes, please explain:

What are your current top 3 concerns with your skin and what improvements would you like to see?

1. _____
2. _____
3. _____

I understand, have read and completed this questionnaire truthfully. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____ Date: _____

Parent/Guardian Signature (If under age 18) _____ Date: _____

Esthetician/Practitioner Signature: _____ Date: _____

Body and/or Face Treatment Agreement

Check all that apply:

Abdomen:	Upper arms:	Lower Thighs:
Inner thigh:	Upper thighs:	Upper Back:
Buttocks:	Calves:	Lower Back:
Jowls:	Neck:	Breast:
Eyes:	Forehead:	

Fees: All costs are to be paid in full prior to initial treatment and are non-refundable. Costs do not include future visits unless otherwise agreed. Discounted packages are non-refundable.

Treatment Disclosure: The treatment is a process and subsequent visits may be necessary in order to achieve the desired results. Subsequent visits are subject to additional charges per visit, which depend on the amount of work needed. Actual results vary from person to person and Star Body does not guarantee any specific result.

Aftercare: Clients are recommended to drink at least 1.5 liters of water on a daily basis when undergoing this treatment. Also, clients should be prepared to complete a 30-45 minute cardio workout following treatment. Aftercare instructions must be followed whether given in writing or verbally. Failure to follow aftercare instructions may compromise the final results of the treatment.

Before, during and after photos: Before, during and/or after photos may be taken to document your treatment. These pictures become Star Body's sole property and are only used for its legitimate record keeping.

Release: I recognize that there are certain inherent risks associated with the above described treatment and I assume full responsibility for personal injury to myself. In exchange for such treatment, I hereby fully release and fully discharge Star Body (including its officers, members, owners, employees and agents) from any and all damages, costs, expenses, liabilities, cause of action, claims and demands of whatever character in law or equity, whether known or unknown, direct or indirect, asserted or unasserted and whether or not in account of myself or Star Body or other third parties whose claims may arise out of, or relate to, the treatment I have requested Star Body to perform. It is the intention of the parties that this agreement binds all parties whose claims may arise out of, or relate to, the treatment or services provided by Star Body including any spouse or heirs of the client/client and any children, whether born or unborn. Any legal or equitable claim that may arise from participation shall be resolved under Nevada law.

Results: I agree that results are subjective and that my lifestyle can mitigate these results; therefore, the cost of the procedures is non-refundable.

Indemnification: I agree to indemnify, hold harmless and defend Star Body (including its officers, members, owners, employees and agents) against all third party claims, causes of action, damages, judgments, costs or expenses, including attorney's fees and any other litigation costs, which may in any way arise from the above described treatment I have requested Star Body to perform.

Arbitration: it is understood that any dispute arising as to malpractice of the ThermaLift/Ultrasound Cavitation/Laser Sculpt Lipo treatment shall be decided by a neutral arbitrator. Any arbitration will be governed by Nevada arbitration statutes. The fees for the arbitrator will be split pro-rata among the parties and each party will be responsible for their own attorney's fees and costs. Any action to collect fees from the client for the treatments performed may be brought in any court located in Nevada and prevailing part. In such collection, actions shall be entitled to recover any reasonable attorney's fees and costs. Filing of any action in any court to collect any fee from client/client shall not waive the right to complete arbitration of any malpractice claim.

By signing this agreement, I confirm that I am over the age of 18. I understand that the procedure is permanent, that such procedure has possible adverse consequences and that the procedure is for cosmetic purposes only. I certify that I have read the above paragraphs, fully understand the procedures' risks and hereby consent to the indicated procedures. This means that I accept full responsibility for these and/or any other complications which may arise or result during or following the procedure(s), which are to be performed at my request. According to this agreement, I hereby agree to arbitration of any malpractice claim. I further understand that the cost of these procedures is non-refundable and that by signing this agreement, I voluntary surrender certain legal rights.

Client: _____ **Date:** _____

Star Body (accepted by technician): _____ **Date:** _____

Appointment Cancellations

Your appointments are very important to Star Body and are reserved especially for you.

Should you need to cancel or reschedule your appointment, we request at least 24 hours' notice.

Please understand that when you forget or cancel your appointment without giving advance notice, we lose the opportunity to fill that appointment time, and clients on our waiting list lose the opportunity to receive services.

Appointments may be cancelled or rescheduled up to 24 hours before the scheduled appointment time. You may call, text, or email us to cancel or reschedule.

Clients who cancel or reschedule within 24 hours of a scheduled appointment will be asked to provide a credit card in order to schedule future appointments.

Clients who do not cancel and do not show up at scheduled appointments (no-call/no-show) will no longer be serviced by Star Body.

In addition, clients who no-show on a voucher will have the voucher charged for the full retail price of the missed appointment.

This cancellation policy allows us time to inform our standby clients of any availability, as well as keep our schedule filled, in order to better serve everyone. We appreciate your cooperation, and your business.

Client Signature

Date