



Client Intake Form

Date

Personal Information

Name

DOB

AGE

Address

Phone

Occupation

Email

Skin Information

Skin Concerns : Check all that apply

Acne

Aging

Scarring

Irritation

Oily

Pigmentation

Blackheads

Sunburn

Dry

Texture

Whiteheads

Other _____

Please briefly describe the reason for your visit today. Are you looking to be pampered, relax, treat a concern or all?

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Medical History

Do you take any of the following?

- Accutane Retin-A Benzoyl Peroxide Glycolic Acid
 Lactic Acid Salicylic Acid Other

Do you currently have or have ever been treated for any of the following?

- Hypertension HIV Herpes Simplex Skin Disease
 Diabetes Cancer Hormone Therapy Other

Do you have any allergies? _____

Do you have any metal implants in your body? _____

Are you pregnant or breastfeeding? _____

What is your current skincare regimen/routine? _____

- Cleanse Tone Eye Cream/Gel
 Exfoliate Serum Moisturize

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform my esthetician of any changes to the information listed on all the pages of this client intake form. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform my esthetician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my esthetician and Royal MedSpa for any injury or damages incurred due to my misrepresentation of my health history.

Signature

Date



Covid-19 Liability Waiver

Date

Due to the outbreak of the Coronavirus (COVID-19), Royal Medspa is taking extra precautions to help prevent the spread of this contagious disease. Please read this form entirely. We ask that our clients disclose their health history truthfully and accurately. Please check below if you have any of the following symptoms.

Symptoms of Covid-19 Include:

- | | | |
|--|---|---|
| <input type="checkbox"/> Fever or Chills | <input type="checkbox"/> Nausea or Vomiting | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Muscle or Body Aches | <input type="checkbox"/> Congestion or Runny Nose |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Loss of taste | <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> No Symptoms |

I agree to the following: *Please initial*

1. I, and members of my household, have not experienced any of the symptoms listed above within the last 14 days. _____
2. I, and members of my household, have not traveled internationally in the last 30 days. _____
3. I, and members of my household, do not believe we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19). _____
4. I, and members of my household, have not been diagnosed with the Coronavirus (Covid-19) within the last 30 days. _____
5. Royal MedSpa cannot be held liable for an exposure to the Coronavirus (Covid-19) caused by misinformation on this form or the health history provided by each client. _____
6. If I take legal action against Royal MedSpa to claim damages, I shall be obligated to pay all attorney's fees and costs incurred as a result of such a claim. _____

By signing below, I hereby release and agree to hold Royal MedSpa harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or failure to act of Royal MedSpa, or that may otherwise arise in any way in connection with any services received from Royal MedSpa. I agree to release Royal MedSpa from any and all liability for the unintentional exposure or harm due to the Coronavirus (COVID-19)

Signature

Date