New Era Skin and Body Skin Consultation Form

Name	Date		
Address			
Email Address			
Best Contact Number		Date of Birth	
Emergency Contact		Phone Numb	oer
Have you ever had a sa	alon skin care treatmentl?	yes _	no
	gies to skin care products?		
	g conditions apply to you yes		
Have you ever been tre	eated by a Dermatologist f	for a skin condition? I	f yes, please explain
	rical or non-surgical cosm		last two years?
What best describes yo	our skin type? Normal, Oi	ly, Dry, Combination	
	our skin feels 1) In the mo		
	you presently care for yo		
What is your main skir	n care concern?		
	<u>Client</u>	Release	
proposed, to be performed be services as may be deemed have read, understand and fi satisfactorily explained to n	by them, and hereby authorize a necessary or advisable. My sign ully agree to the foregoing (2) one and that I have all the inform d release the establishment and	and direct them to perform nature below constitutes m Give consent to the propose nation that I desire (3) I her	y acknowledgement that (1) I ed process that has been
Signature	Date	Esthetician	Date