



SKIN CARE INTAKE (SCI)

Patient Name (Print)

Today's Date

Street:

Date of Birth

Apt #

Home Phone

City, State

Zip Code

Cell Phone

E-Mail

How did you hear about REDBAMBOO?

- Walked by
- Website
- Internet
- Other
- Twitter
- E-mail Blast
- Word of Mouth
- Groupon
- Facebook
- Magazine Ad – Which? _____
- Referred by Friend – Who? _____
- Seminar or Event – Which? _____

Do you have any of the following?

- | | |
|--|--|
| Yes / No High Blood Pressure? | Yes / No Do you use tanning beds? |
| Yes / No Diabetes? | Yes / No Do you have a spray tan? |
| Yes / No Acne? | Yes / No Do you use tobacco products? |
| Yes / No Skin Disease? | Yes / No Do you use Retin A? |
| Yes / No Cold Sores? | Yes / No Do you use Hydroquinone? |
| Yes / No Rosacea? | Yes / No Do you use Accutane? |
| Yes / No Depression or Anxiety? | Yes / No Are you on hormone therapy? |
| Yes / No Are you pregnant or nursing? | Yes / No Do you wear contact lenses? |
| Yes / No Do you exercise? Indoors or Outdoors? | Yes / No Do you wear sunscreen? |
| Yes / No Hepatitis or blood clotting disorders? | Yes / No Auto immune disorders? |

When you go out into the sun, do you burn? Usually Sometimes Rarely Never

Do you consider your skin to be: Normal Dry/Dehydrated Oily Acne Prone

Have you been under the care of a Dermatologist or Plastic Surgeon? _____

What skin line are you currently using? _____

What make-up brand are you using? _____

Please list all your allergies: _____

Please list all your medications: _____

What are you trying to achieve with the overall look and feel of your skin?

What improvements would you most like to see in your skin over the next 30 days?

- ___ Reduction of fine lines ___ Reduction of oil/acne ___ Reduction of redness
- ___ Softening of deep wrinkles ___ Reduction of acne scars ___ Reduction of brown spots
- ___ Reduction of pore size ___ Reduction of sun damage ___ Improvement in skin tone

Signature

To maintain the effects of today's service your REDBAMBOO Therapist recommends:





REDBAMBOO

MEDI·SPA

Name: _____

Date: _____

SKIN TYPE ASSESSMENT

0	1	2	3	4		
light: blue, gray green	dark: blue, gray green	blue	brown	brown black		Eye Color
sandy red	blond	dark blond, chestnut	dark brown	black		Natural Hair Color
red/pink	pale white	pale beige	light brown	dark brown		Color of Non-exposed Skin
many	several	few	rare	none		Freckles on Non-exposed skin
pain red blisters peel	usually burn some peel	sometimes burn	rarely burn	never burn		Reaction to too long in the sun
hardly	sometimes light tan	reasonable tan	tan easily	dark brown quickly		Degree of tanning
never	seldom	sometimes	often	always		Deeper tan after few hours in the sun
very sensitive	sensitive	normal	very resistant	never a problem		Reaction of face to sun
						TOTAL POINTS
						SKIN TYPE

Points:	0 - 6	7 - 13	14 - 19	20 - 24	25 - 29	30+
Skin Type:	1	2	3	4	5	6

Red Bamboo Medi Spa

Informed Consent - Electrolysis Hair Removal Treatment

Electrolysis is a permanent method of hair removal and has been used for over 125 years. It is safe and effective for all hair colors and skin types.

Only ACTIVELY growing hairs and follicles can be treated by electrolysis, and many sessions will be necessary.

The treatment, expectations from the treatment, and post treatment care have been explained to me and my questions regarding the treatment have been answered to my satisfaction. _____

I understand that the treatment works on ACTIVELY growing hairs and follicles and not on any that are dormant. For this reason, it will require many sessions to complete a course of treatment. _____

I am aware of the following possible risks associated with electrolysis including, but not limited to:

Infection- Skin infections can occur any time that the skin is broken.

Discomfort- Some discomfort may be experienced during this treatment. Topical anesthetic may be used if necessary and is available for purchase for an additional fee.

Pigment changes (skin color) - During the healing process, the treated areas may become darker or lighter than the surrounding skin. This is usually temporary, but on rare occasions, may be permanent.

I certify that I have read this entire consent form and that all of my questions have been answered. I understand and agree to the information provided above. I consent to have electrolysis treatments performed on me.

Print name

signature

Date: _____