

Beauty By Ash- Headspa  
Client Consultation and Intake Form

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who referred you ? \_\_\_\_\_

Skin care goals and concerns: \_\_\_\_\_

Have you waxed any facial area in the past 24 hours? Y / N

Do you use Retin-A? Y / N When was the last time? \_\_\_\_\_

Retin-A before a facial makes skin more sensitive, increasing the risk of irritation, redness, and burning during the treatment.

Do you have any allergies or sensitives? Y / N If yes, please list:

\_\_\_\_\_  
Anything else you want me to know about your health or skin?

I understand that the Head Spa treatment involves various techniques and products designed to promote scalp health, improve circulation & enhance relaxation. These may include but are not limited to:

Scalp massage, application of oils, creams or other products to the scalp, steam therapy, use of specialized tools for scalp stimulation.

I acknowledge that while the Head Spa treatment is generally safe, there may be risks associated with it, including but not limited to, skin irritation or allergic reactions to products, discomfort or pain during the treatment, rare incidences of adverse reactions to massage or stimulation techniques.

I understand that it is my responsibility to inform the staff member performing the treatment of any allergies, sensitivities, or medical conditions that may affect my ability to safely undergo the treatment. I acknowledge that the treatment process has been explained to me, including any potential risks, and has answered all my questions to my satisfaction. I consent to receiving the Head Spa treatment, understanding the risks involved and release Beauty By Ash, Ashlyn Smith, and staff from any liability associated with the treatment.

I understand that clients with hair extensions, are accepted but release Beauty By Ash, Ashlyn Smith, and staff from any damage that may be done to the hair extensions

during the treatment. I also understand the scalp massage to be a lighter than usual to protect your extensions.

I understand that clients will be asked to remove makeup and jewelry before the session and release Beauty by Ash, Ashlyn Smith, and staff from any liability to any jewelry if the client declines to remove it.

Client Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Disclaimer:

Our estheticians and staff reserve the right to refuse services if they identify any contraindications based on the client's responses or if they observe any of the following issues during the pre-service skin analysis.

Active infections: Boils, impetigo, staph infections, mouth cold sores, herpes outbreaks

Open wounds: Cuts, abrasions, recent surgical incisions

Severe acne with inflammation: Large, painful, pus-filled pimples

Undiagnosed skin conditions: Any skin concern that hasn't been evaluated by a dermatologist

Severe rosacea flares: Visible redness, flushing, and burning sensations

Contagious skin diseases: Ringworm, scabies, molluscum contagiosum

Recent cosmetic procedures: Laser resurfacing, chemical peels (within the healing period)

Sunburn: Severe sunburn with blistering or peeling skin

I 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 are voluntary and I release the company and/or skin care professional from liability.

Client Signature : \_\_\_\_\_ Date: \_\_\_\_\_