Skin Intake Packet

Complete before your first facial and whenever your health, medications, or skincare routine changes.

CLIENT INFORMATION

Full legal name

Date of birth

Mobile phone

Email

Scheduled facial or skin service

Appointment date

Client age status

- [ ] Adult (18 or older)
- [ ] Minor (under 18)

SKIN GOALS

Select all that apply

- [ ] Breakouts or congestion
- [ ] Blackheads or whiteheads
- [ ] Uneven tone or discoloration
- [ ] Texture or visible pores
- [ ] Dryness or dehydration
- [ ] Oiliness or shine
- [ ] Fine lines or firmness
- [ ] Redness or sensitivity
- [ ] Dullness
- [ ] Maintenance and relaxation

What would you most like to improve?

SKIN HISTORY AND SENSITIVITIES

Select all that apply

- [ ] Rosacea or persistent redness
- [ ] Eczema or dermatitis
- [ ] Psoriasis
- [ ] History of cold sores / herpes
- [ ] Active rash, infection, or open skin
- [ ] Keloid or abnormal scarring history
- [ ] Diabetes or delayed healing
- [ ] Autoimmune condition
- [ ] Pregnant or nursing
- [ ] None of the above

Known allergies or sensitivities

Dermatologist care, diagnosed skin conditions, or relevant health information

Skin Intake and Treatment Consent

Products, medications, recent procedures, and service acknowledgment.

PRODUCTS AND MEDICATIONS

Select all that apply

- ☐ Prescription retinoid (tretinoin / Retin-A)
- ☐ Over-the-counter retinol / vitamin A
- ☐ AHA, BHA, glycolic, or salicylic acid
- ☐ Benzoyl peroxide or acne medication
- ☐ Antibiotic or photosensitizing medication
- ☐ Blood thinner or medication affecting healing
- ☐ Oral isotretinoin currently or recently
- ☐ None of the above

Current prescriptions, supplements, and topical products, including frequency

RECENT PROCEDURES

Select all that apply

- ☐ Botox or neuromodulator
- ☐ Dermal filler or threads
- ☐ Chemical peel
- ☐ Laser, IPL, or energy treatment
- ☐ Microneedling or nanoneedling
- ☐ Facial surgery or other procedure
- ☐ None of the above

Procedure, treatment area, and approximate date

Current home care products and prescriptions

TREATMENT CONSENT

Please check each box

- ☐ I understand that an aesthetic service is not medical care or a medical diagnosis. I will ask a qualified healthcare professional about medical concerns.
- ☐ I understand that temporary redness, sensitivity, dryness, peeling, swelling, breakouts, bruising, or pigment changes may occur depending on the treatment and my skin.
- ☐ I will immediately report discomfort and understand that Skin Reverence may modify, postpone, or decline a treatment when safety or suitability is uncertain.
- ☐ I understand that results vary and are not guaranteed. I agree to follow the preparation and aftercare instructions provided for my service.

SIGNATURE AND ACKNOWLEDGMENT

Typed full name / signature

Date

Company Policies

Review and acknowledge the policies that apply to all Skin Reverence services.

COMMUNICATION AND SCHEDULING

Appointment confirmations, reminders, product notices, and other service communications are sent by email only. Skin Reverence does not send text or SMS reminders. Clients are responsible for providing an accurate email address and monitoring their email for service communications. Appointments are available Monday through Saturday by appointment. Schedule through www.skinreverence.com/book-online or email skinreverence@gmail.com.

CANCELLATIONS AND MISSED APPOINTMENTS

Please provide at least 48 hours' notice to cancel or reschedule. Cancellations or rescheduling with less than 48 hours' notice and missed appointments will be charged 100% of the booked service cost. Future appointments may require advance payment.

ARRIVAL AND SERVICE TIME

Call or text as soon as possible if you expect an appointment timing issue. Skin Reverence provides a 10 minute grace period for late arrivals. If you arrive late, your treatment may need to be shortened so the following client's appointment can begin on time. The scheduled appointment end time cannot be extended due to late arrival.

PAYMENTS, PRODUCTS, AND RESULTS

Payment is due according to the terms shown during booking or at checkout. Payment-card information must be entered only through the approved secure checkout process. Products and completed services are final sale unless required otherwise by law or expressly agreed in writing. Skin and hair-removal results vary. Skin Reverence does not guarantee a specific outcome. Clients agree to follow preparation and aftercare instructions.

STUDIO ENVIRONMENT

The studio is reserved for scheduled clients to protect privacy, sanitation, and a calm environment. Visitors and children may attend only with advance approval, except when a parent or legal guardian is required for a minor client. Inappropriate, unsafe, or disruptive behavior may result in termination of the appointment and applicable charges.

HEALTH AND SAFETY

Clients must disclose relevant allergies, medications, recent procedures, illness, skin conditions, pregnancy, or other changes before service. Skin Reverence may modify, postpone, or decline a service when suitability or safety is uncertain. Clients should consult an appropriate healthcare professional regarding medical concerns.

ACKNOWLEDGMENT

Please check each box

- [ ] I have reviewed and agree to the Company Policies, including the cancellation, arrival, payment, studio, health, and safety terms above.
- [ ] I understand that current policies presented during booking control if they are updated after I sign this acknowledgment.

Typed full name / signature

Date

Photo Consent

Before-and-after photographs are taken of every client for private treatment documentation.

CLIENT INFORMATION

Full legal name

Date of birth

REQUIRED TREATMENT DOCUMENTATION

I understand that Skin Reverence takes before-and-after photographs as part of every client's private treatment record for progress documentation, treatment planning, and continuity of care. This documentation is required and is not public without separate permission below.

- [ ] I acknowledge the required before-and-after treatment photography described above.

ADDITIONAL PUBLIC USE PERMISSION

Select one

- [ ] Anonymous education and marketing. Selected media may be used for education, the Skin Reverence website, social media, or advertising only when my identity is reasonably concealed.
- [ ] Identifiable education and marketing. Selected media in which I may be recognizable may be used for education, the Skin Reverence website, social media, or advertising.
- [ ] I decline public use. I do not authorize photos or video for education, social media, website, or advertising.

CONSENT TERMS

I understand that public media may be viewed, copied, or shared by others after publication. Skin Reverence will not publish images of Brazilian or other intimate areas. I may withdraw permission for future use by sending a written request to skinreverence@gmail.com. Withdrawal will not require Skin Reverence to retrieve material already published or distributed before the request was received.

I understand that permission for public, marketing, promotional, social media, website, or educational use is voluntary. Declining public use does not affect my eligibility for services or the required private treatment photography, and I will not receive compensation unless a separate written agreement says otherwise.

SIGNATURE AND ACKNOWLEDGMENT

Typed full name / signature

Date

PARENT OR GUARDIAN AUTHORIZATION FOR MINOR CLIENT

Required only when the client is under 18

I certify that I am the client's parent or legal guardian and am authorized to consent to the requested services. I have reviewed this entire packet, consent to the service and required treatment photography, approve the public-use choice selected above, and acknowledge the stated risks, aftercare, and Company Policies.

Parent / guardian full legal name

Relationship to client

Phone

Parent / guardian typed signature

Date

Credit Card Authorization

Authorization for clients who do not provide a payment method through Wix booking.

CLIENT AND CARDHOLDER INFORMATION

Client full legal name

Cardholder full legal name

Cardholder email

Card last four digits

SECURE PAYMENT METHOD

For security, do not enter a full card number, expiration date, or security code on this PDF. The payment method must be provided through Wix or another Skin Reverence-approved secure payment channel. This page documents authorization and may identify the secured payment method by its last four digits.

AUTHORIZATION

I authorize Skin Reverence to charge the payment method I securely provided for amounts I approve, including the booked service and the cancellation or missed-appointment charges stated below.

- [ ] I understand that cancellation or rescheduling with less than 48 hours' notice will be charged 100% of the booked service cost.
- [ ] I understand that a missed appointment will be charged 100% of the booked service cost.
- [ ] I confirm that I am the cardholder or am authorized by the cardholder to provide this authorization.

CARDHOLDER ACKNOWLEDGMENT

Typed full name / signature

Date

PARENT OR GUARDIAN AUTHORIZATION

Required when the client is under 18

I authorize the minor client's services and the payment terms above as the client's parent or legal guardian.

Parent / guardian full legal name

Relationship

Date

Parent / guardian typed signature