



Elizaveta Neginskaya Signature Brows and Beauty Studio

Facial Consent

Name: _____ Date: _____

Address: _____

City, State & Zip: _____ Referred by: _____

Phone Number: _____ Email Address: _____

Occupation: _____

Does your job require you to work outside? Yes No

What would you like to achieve from your treatment today?

Your Skin Care Routine

Tell me about the products you use and the frequency of application/usage.

Cleanser	
Exfoliator	
Toner	
Mask	
Serums	
Moisturizer	
Shower Gels	
Body Lotion	
Sunscreen – SPF?	
Make Up	
Other	



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Have you ever had a facial treatment? Yes No If so, when? _____

Which of the following best describes your skin type? _____

1. Creamy complexion – always burns easily, never tans
2. Light complexion – always burns, tans slightly
3. Light/matte complexion – burns moderately, tans gradually
4. Matte complexion – seldom burns, always tans well
5. Brown complexion – rarely burns, deep tan
6. Black complexion – never burns, deeply pigmented

Do you have any skin conditions pertaining to your face or body? Yes No

Please specify: _____

Have you ever had chemical peels, laser or microdermabrasion? Yes No

If so, when? _____

Have you had any Botox, Restylane, or Collagen injections? Yes No

If so, when? _____

Do you currently use Retin-A, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? Yes No

Have your used Retin-A, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products within the last 3 months? Yes No

Do you currently or within the last 3 months take any other acne medication? Yes No

If so, please specify which drug and last dosage: _____

Have you recently used any self-tanning lotions, creams, or treatments? Yes No

If so, when? _____



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Have you used any of the following hair removal methods in the past 6 weeks? Please circle

Shaving Waxing Electrolysis Plucking Threading Depilatories

What areas of concern do you have regarding your skin? Please check all that apply:

- Breakouts/acne
- Excessive oil/shine
- Rosacea
- Broken Capillaries
- Redness/ruddiness
- Sun, liver, or brown spots
- Uneven skin tone
- Sun damage
- Wrinkles/fine lines
- Dull or dry skin
- Flaky skin
- Dark circles
- Puffiness
- Cracked/chapped lips
- Other: _____

Please Initial:

_____ I understand that with treatment, certain risks are involved and that any complications or side effects from known or unknown causes could occur. I freely assume these risks.

_____ I am over 18 years of age or I have parental consent co-signed below.

_____ I give Elizaveta Neginskaya permission to take, publish and reproduce photographs of me, my face, and/or my eye area, both before and/or after the procedure for advertising and other purposes

Female Clients Only:

Are you currently taking oral contraceptives? Yes No

If yes, please specify _____

Any recent changes to or from your contraceptive treatment? Yes No

If yes, please specify _____

Are you pregnant? Yes No

If yes, please specify _____

Are you lactating? Yes No

Any Menopause problems? Yes No

If yes, please specify _____

Are you undergoing any hormone replacement therapy? Yes No

If yes, please specify _____



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Male Clients Only:

What is your current shaving system? Please check

- Wet shave
- Electric
- Shaving cream
- After shave

Do you experience irritation from shaving? Yes No

Ingrown Hairs? Yes No

Please sign and date

I, _____, give my consent to Elizaveta Neginskaya for facial services. My signature below acknowledges that I have not knowingly withheld or falsified my above personal information and I will adhere to all the aforementioned statements that I have initialed.

_____ Client Signature & Date

_____ Guardian Signature & Date

By: *Elizaveta Neginskaya*