



# Nourish

Massage Bodywork & Skin Therapies  
Facial History and Release

## Contact Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Facial History/Treatment Information:

What products are you currently using for your skin?

Cleanser: \_\_\_\_\_ Toner: \_\_\_\_\_

Exfoliant: \_\_\_\_\_ Moisturizer: \_\_\_\_\_

Other: \_\_\_\_\_

Have you ever received a professional waxing service before?  yes  no

If so, when? \_\_\_\_\_

What are your goals for your facial today? \_\_\_\_\_

## Lifestyle Questions:

How many glasses of water do you consume daily? \_\_\_\_\_

Alcohol consumption?  none  low  moderate  high

Do you smoke?  yes  no

Do you have regular exercise and sleep patterns?  yes  no

What is your stress level?  low  moderate  high

Are you currently on a restricted diet? \_\_\_\_\_

Please list all medications/supplements taken on a regular basis and reason for use.

\_\_\_\_\_

\_\_\_\_\_



Are you currently or have you been affected in the past by any of the following health conditions?

- Allergies                       Heart Problems                       Cancer/Skin Cancer                       Diabetes
- Psoriasis                       Sunburn                       Epilepsy                       Recent Peels
- Hormone Imbalance                       Herpes Simplex                       High/Low Blood Pressure                       Asthma

Do you have any open sores or abrasions?  yes                       no

If so, where? \_\_\_\_\_

Have you had any cosmetic surgery in the past 2 months?  yes                       no

If yes, where and what type? \_\_\_\_\_

Have you been under a physician's care within the past year?  yes                       no

If yes, please explain: \_\_\_\_\_

*Skin sensitivity, oil secretion levels & general nerve activity:*

Do you burn easily?  yes                       no

Does your skin have a tendency to turn red easily?  yes                       no

Have you ever used Retin-A or Accutane?  yes                       no

Do you think your skin is sensitive?  yes                       no

Do you ever experience break outs?  yes                       no

Do you consume more than two cups of a caffeinated beverage a day?  yes                       no

Do you suffer from or have you ever experienced claustrophobia?  yes                       no

How does your face feel upon awakening?                       oily                       dry/itchy                       normal

After cleansing your face in the morning, how soon do you notice an oily shine?

- before noon                       noon to 3 pm                       after 3 pm                       not at all

Have you ever had a reaction to any of the following?

- Cosmetics                       Metals                       Pollen                       Foods                       Animals

Signing below verifies that you have honestly answered all questions and have read the previous information, thereby releasing Nourish Inc. from any liability.

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