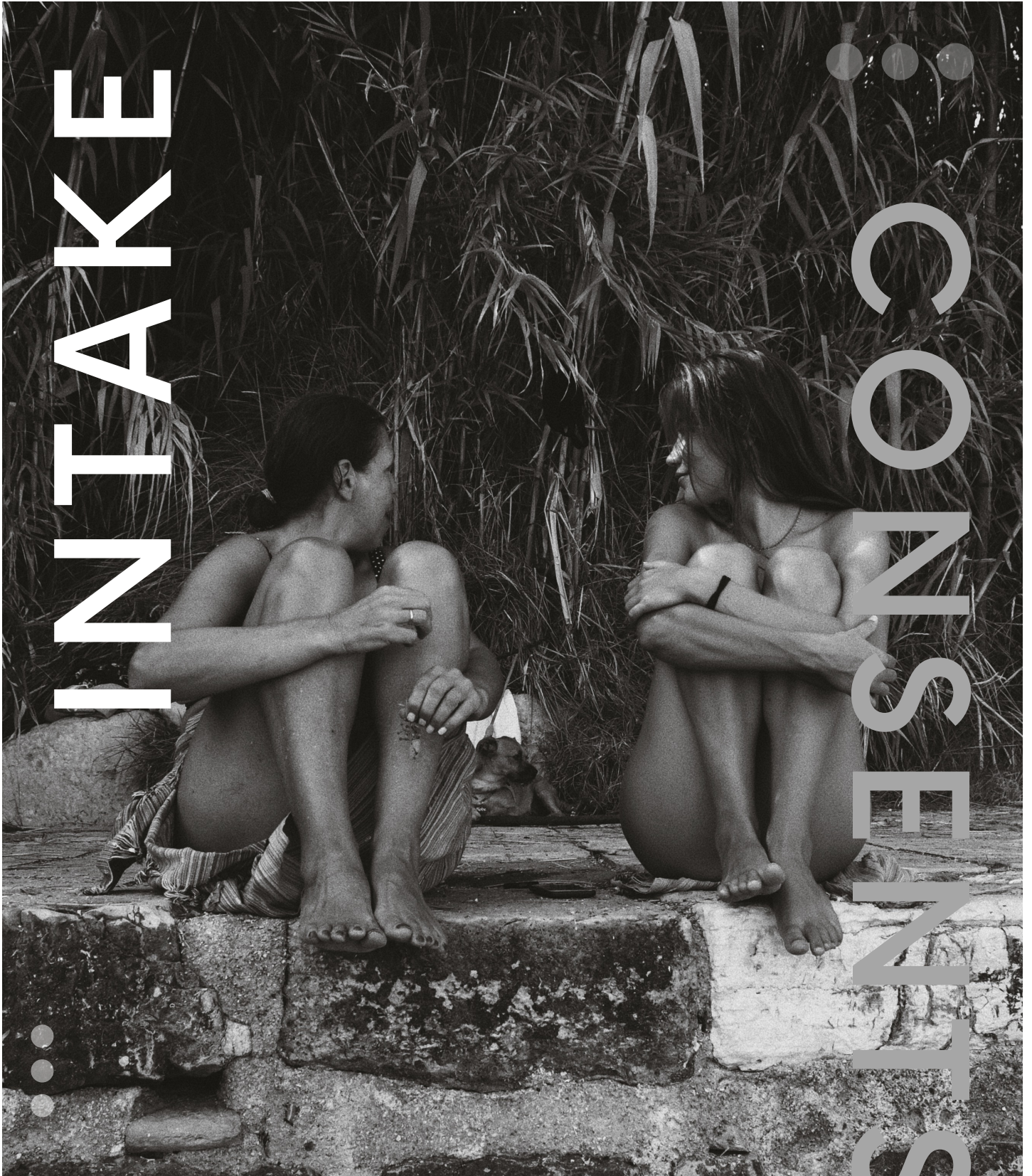


CLIENT: _____



the skin you're in

Skin.take & Consents

CLIENT DEMOGRAPHICS

NAME: _____

DOB: _____

Email: _____

Phone #: _____

Are you pregnant or breastfeeding? YES NO

Do you suffer from cold sores? YES NO

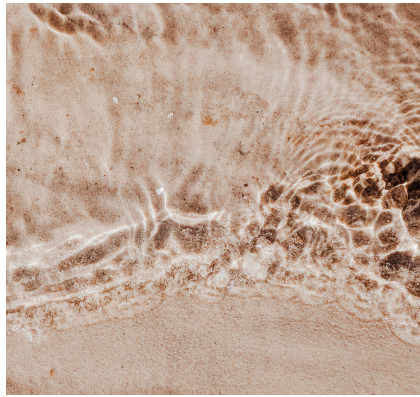
Are you claustrophobic? YES NO

Do you wear contact lenses? YES NO

Do you exercise regularly? YES NO

Do you drink water daily? YES NO

Have you been diagnosed with Rosacea, Psoriasis, or Eczema? YES NO _____



SKIN HISTORY & CONCERNS

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS?:

- HIV/AIDS
- Cancer
- Diabetes
- Heart Problems
- PCOS
- Recent Surgeries
- Recent Hair Removal
- Epilepsy
- Recent Botox / Injections
- Neck Pain

ARE YOU USING ANY OF THE FOLLOWING?:

- Retinoids / Retin-A
- Accutane
- Hydroquinone
- Birth Control Pills
- Hormone Replacements
- Glycolic Acid / Alpha Hydroxy Acid
- Sunscreen
- Vitamin C
- Nicotine
- Tanning Beds

WHAT PRODUCTS ARE CURRENTLY IN YOUR SKINCARE ROUTINE?

- Cleanser
- Toner
- Soap
- Makeup Wipes
- Serums
- Eye Cream
- Exfoliation / Scrubs
- Moisturizer
- Sunscreen

CONSENTS

YOUR SATISFACTION AND SAFETY IS OUR NUMBER ONE PRIORITY TO ENSURE YOUR WELLBEING BEFORE, DURING AND AFTER YOUR STUDIO TREATMENTS, PLEASE BE AWARE OF THE FOLLOWING INFORMATION AND POSSIBLE RISKS AND MARK BELOW.

() I have cited all conditions and circumstances regarding my health history, Including medications being taken, and any past reactions to products or medications that could prohibit or compromise this treatment.

() I understand that additional conditions could occur which could affect my ability to tolerate this treatment. I further understand there are risks associated. In rare cases, irritation and discomfort may occur. I further understand there are risks associated facial treatments. I acknowledge that my skin might experience temporary irritation, tightness, redness or slight swelling which usually dissipates within 72 hours depending on skin sensitivity.

() I acknowledge that if I fail to use a minimal SPF sunscreen (SPF45), I am more susceptible to sunburn, skin damage and hyperpigmentation I further understand that I should avoid excessive sun exposure.

() I understand that aftercare needs to be followed I understand that I should avoid the use of Retin-A type products, aggressive exfoliation, waxing, and products containing acids that are not part of the recommended take-home and aftercare regimen for 2-4 weeks following treatment.

() I release Sote Aesthetic Salon LLC any liability associated with any injuries and/or current and future conditions resulting from the skincare treatment or products.

You hereby acknowledge and confirm that you are or have been fully informed as to the nature of the service you have requested and are aware with all risks associated. You have informed your technician of any pre-existing conditions, allergies or products sensitivities that may impact on your treatment. We are not liable for any dissatisfaction, discomfort, damage, loss or injury you may incur arising directly or indirectly out of any services provided or any product used. Complimentary services or treatments are only offered on the express understanding that the service offered is not and may not be deemed as an admission of liability or fault and are also subject to the conditions of this agreement.

Client: _____
Signature: _____
Date: _____



PHOTO/VIDEO CONSENT

() I hereby consent Sote Aesthetic Salon LLC / Cami Bozeman to take pictures and videos for the purpose of documentation, potential advertising on social media/websites, and promotional purposes.

LASH CONSENT

() I understand that this is a semi-permanent procedure My natural lashes will continue to grow and fall out naturally, making touchup or "fill" appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out. Most clients require a fill appointment every 2-3 weeks.

() I understand that there are many variables to the overall life of my extensions Hair growth cycle, use of cosmetics, skincare products and the overall care given, will influence how long my extensions remain in place.

() I understand that eyelash extension application can cause adverse reactions including but not limited to: eye irritation, eye pain, eye itching, discomfort and eye infection.

() I understand that if any adverse reactions occur I should contact my lash technician and it may be beneficial to have the extensions removed immediately and consult a physician at my own expense.

CONSENTS (CONTINUED)

MICRONEEDLING CONSENT

Microneedling allows for controlled induction of the skin's self-repair mechanism by creating micro "injuries" in the skin which trigger new collagen synthesis. The result is smoother, firmer and younger-looking skin. Skin needling procedures are performed in a safe and precise manner with the use of a sterile, microneedling pen.

You may or may not be a candidate for Microneedling.

() I acknowledge that I suffer from none of the following contraindications:

Keloid or hypertrophic scars; Active acne or Accutane use in last 3 months; history of eczema, psoriasis and other chronic conditions; history of actinic (solar) keratosis; history of Herpes Simplex infections; history of diabetes; history of rosacea; presence of raised moles, warts on targeted area. scleroderma, collagen vascular diseases or cardiac abnormalities; blood clotting problems; active bacterial or fungal infection; immune-suppression scars less than 6 months old; open wounds, cuts, or abrasions; skin cancer or skin radiation treatments in last year. Not recommended for woman who are pregnant or nursing

() I am aware that clinical results may vary depending on individual factors, medical history, pre/post treatment care, and individual response to treatment

I also understand that although I may see a change after my first treatment, I may require a series of sessions to obtain my desired outcome. The procedure and side effects have been explained to me, including alternative methods. I understand the advantages and disadvantages of this procedure. I am advised there can be no guarantee as expressed or implied either to the success or other result of the treatment. I am aware that micro-needling treatment is not permanent and natural degradation will occur over time.

() I am sufficiently advised to consent to this procedure.

I authorize Sote Aesthetic Salon LLC to perform this treatment. I will not hold Sote Aesthetic Salon LLC responsible in any way for any issues that may arise as a result of this Microneedling treatment.



My signature below indicates that I have agreed to proceed with today's treatment/services.

ESTHETICIAN

Name: _____

Signature: _____

Date: _____

CLIENT

Name: _____

Signature: _____

Date: _____



treatment history

treatments / services

Date: _____

Treatment: _____

Notes: _____

Date: _____

Treatment: _____

Notes: _____

Date: _____

Treatment: _____

Notes: _____

Date: _____

Treatment: _____

Notes: _____

Date: _____

Treatment: _____

Notes: _____

Date: _____

Treatment: _____

Notes: _____

Date: _____

Treatment: _____

Notes: _____

i consent / no changes:



Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

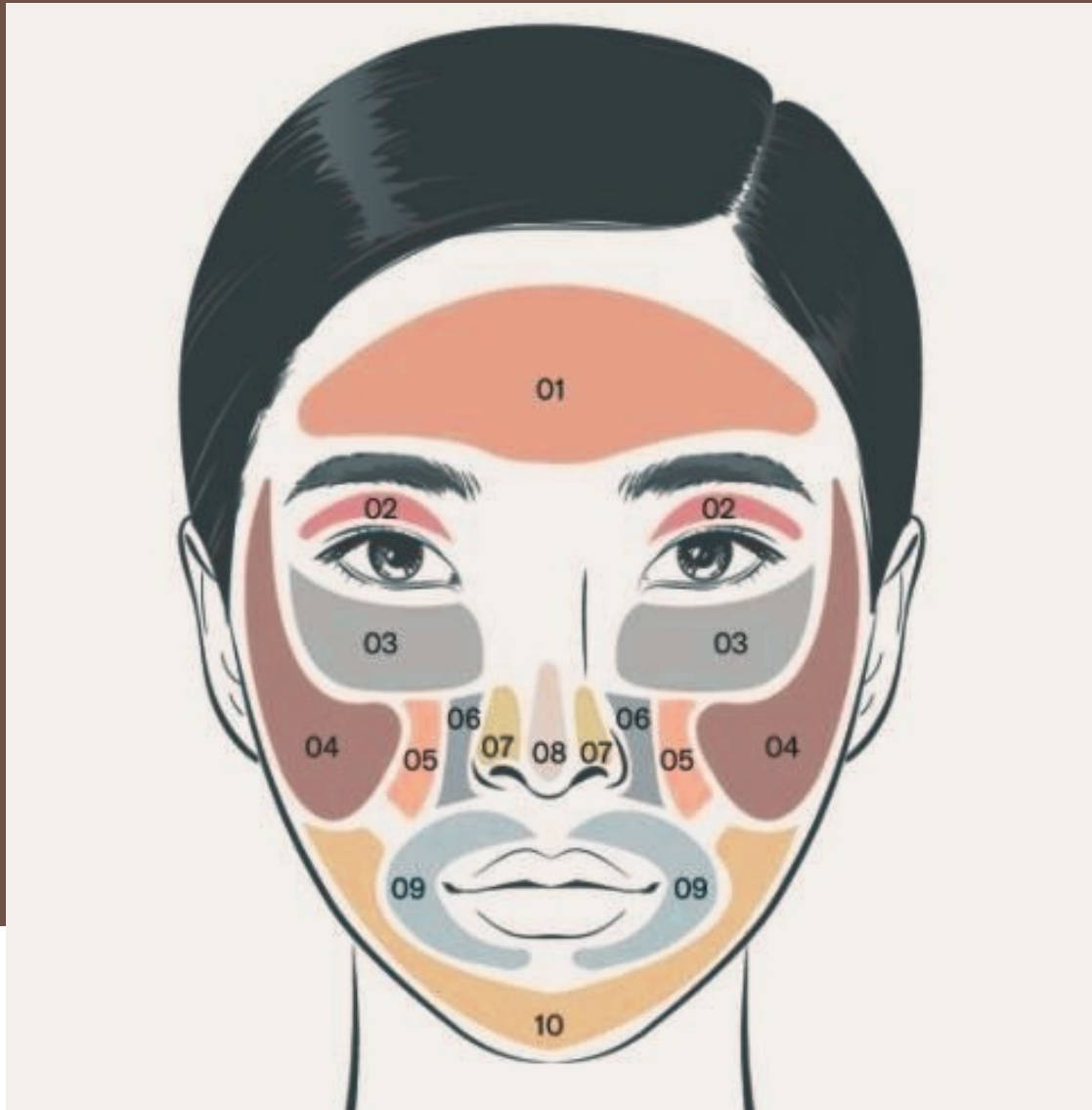
Date: _____

Signature: _____

Date: _____

Signature: _____

FACE MAP



Zone / Concerns to Monitor

Zone: _____

Characteristics: _____

Notes: _____

Zone: _____

Characteristics: _____

Notes: _____

Zone: _____

Characteristics: _____

Notes: _____



PRODUCT PURCHASE HISTORY



Date: _____

Product(s) Purchased: _____

Cost: \$ _____

Date: _____

Product(s) Purchased: _____

Cost: \$ _____

Date: _____

Product(s) Purchased: _____

Cost: \$ _____

Date: _____

Product(s) Purchased: _____

Cost: \$ _____

THANK YOU!

IT'S ALL BECAUSE OF YOU

It's clients like you that allow me to continue living my dream in this business. I pour my heart into your services and genuinely want you to feel the powerful benefits of selfcare in the way you love yourself. Thank you for trusting me and your continued support.

Cami,
Esthetician

IT'S ABOUT HEALTHY SKIN - NOT
PERFECT SKIN

