

Paul M. Figlia, MD, PA
Board Certified Plastic & Reconstructive Surgeon

AESTHETICIAN'S FACIAL CLIENT INTAKE AND RELEASE OF LIABILITY FORM

NAME: _____ **DOB:** _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ **CELL:** _____

EMAIL: _____

OCCUPATION: _____

EMERGENCY CONTACT: _____ **PHONE:** _____

THE FOLLOWING INFORMATION WILL BE USED TO HELP PLAN SAFE & EFFECTIVE FACIAL SESSIONS EACH TIME YOU VISIT US.
Your personal information is for Paul M. Figlia, MD, PA's office use only and will not be shared with any person or entity outside of
this office.

**IT IS IMPORTANT YOU ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND HONESTY.
THANK YOU.**

YOUR HEALTH

Within the last year, have you been under a dermatologist or other physicians care? YES NO

If YES, please specify _____

Within the last nine months, have you been undergone any surgeries? YES NO

If YES, please specify _____

Have you had any health problems in the past or present? YES NO

If YES, please specify _____

Do you smoke? YES NO

Do you wear contact lenses? YES NO

Rate your level of stress on a scale of 1 – 4 (1=lowest; 4=highest): _____

Please list any medications, supplements, vitamins, diuretics, slimming tablets, etc., that you take regularly: _____

YOUR SKIN

Please select your skin type: Normal/Dry/Sensitive/Oily/Combination/Acne Prone/T-Zone

Do you ever experience skin breakouts? YES NO

Do you ever experience oily shine during the day? YES NO

Do you ever experience a burning, itching sensation on your skin? YES NO

Do you ever experience a reaction to any of the following?

Cosmetics/Medicine/Iodine/Pollen/Food/Animals/Fragrance/Hydroxyl acids/Sunscreens

Other:

What is your pain threshold? Low Medium High

What are your skin care goals? _____

Do you have any special skin problems pertaining to your face or body? YES NO

If YES, please specify: _____

What kind of products do you currently using? _____

What kind of products do you currently using?

Soap / Cleanser / Toner / Moisturizer / Masque / Exfoliator / Eye Products / Other _____

Do you use: Accutane, Retin A, Renova, Adapalene, or other prescription skin products? YES NO

If YES, please specify

Have you ever had chemical peels, microdermabrasion, or resurfacing treatments? YES NO

If YES, please specify and how long ago _____

How much water do you consume daily? _____

Do you experience these conditions on your skin? Flakiness / Tightness / Sensitivity

What SPF sunscreen do you use on your Face? Body? _____

Do you sunbathe or use tanning beds? YES NO

If YES, please specify and how often? _____

Do you burn easily in moderate sunlight? YES NO

Is there anything else about your current or previous health history you think would be useful for your esthetician to be aware of to make this a better experience?

FOR FEMALES ONLY:

Are you pregnant or trying to get pregnant? YES NO

Do you have any special skin problems pertaining to your face or body? YES NO

If YES, please specify: _____

Clients under the age of 17 must have a parent or legal guardian present to provide a signature for authorization of this facial session. It is my choice to receive Medical Spa treatments. I realize that the treatment is being given for the well-being of my body and mind. I agree to communicate with my service provider any time I feel as though my well-being is being compromised.

I acknowledge that Medical Spa services are not a substitute for medical examination or diagnosis, and that it is recommended that I see a primary Health Care provider for that service. I have stated all medical conditions that I am aware of, and will update the service provider of any changes in my health status. I understand that the aesthetician of Paul M. Figlia, MD, PA's office is a licensed professional, and that by law they have the right to refuse service on any client at any time, if they feel as though their well-being is compromised.

I understand and voluntarily accept the risks associated with the facial and/or any other services, including but not limited to: Facials. I agree Paul M. Figlia, MD, PA will not be liable for death or any injury, including, without limitation, personal, bodily or mental injury, economic loss or damage to me resulting from negligence, other acts in his office, to the fullest extent permitted by law. This agreement together with Paul M. Figlia, MD, PA's Medical Spa's wellness plan rules and regulations, constitute the entire agreement between you and us and cannot be amended, except in writing by both parties. Myself and/or any of my heirs, executors, representatives, or assignees hereby release Paul M. Figlia, MD, PA from all claims or liabilities for death, personal injury or property loss or damages of any kind sustained while on the premises, or from any advice or services provided by an employee, independent contractor or any representative of Paul M. Figlia, MD, PA. I agree that this application and waiver is in effect for all facials any other services, and will not expire unless specifically requested by either party.

I understand that Paul M. Figlia, MD, PA West Orange office is a tranquil and professional environment and that any inappropriate behavior may result in termination of my services and full payment is expected. By signing this form, I agree to the above terms and release Paul M. Figlia, MD, PA and its employees from any liability.

Client Signature: _____ **Date:** _____

Aesthetician Signature: _____ **Date:** _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION): This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above to the fullest extent permitted by law.

Parent/Guardian if Minor Signature: _____ Date: _____

Emergency Phone: _____

FOR MEDICAL SPA USE ONLY