DÉJÀ VU MED SPA

Welcome! Our goal is to deliver the most pleasurable spa experience… In order to customize your experience and assure your satisfaction and safety, please complete the questions below. This will help us design the ideal program for you!

Name_____ Home Phone_____
Address _____ Cell Phone _____
City/State/Zip _____ Occupation _____
E-Mail Address _____ Date of Birth _____
Preferred Method of Contact: □ Phone □ Text □ Email
How did you hear about us? _____
Are you interested in learning how to take better care of your □ skin □ body □ diet □ well being

What are your skin concerns? Please check all that apply.

□ Dry	□ Oily	□ Combination	□ Acne
□ Sun Damage	□ Dehydration	□ Sensitivity	□ Psoriasis
□ Hyper/hypo pigmentation	□ Loss of Elasticity	□ Uneven Skin Texture	□ Eczema
□ Wrinkles	□ Blackheads	□ Whiteheads	□ Skin Irritations
□ Rosacea	□ Large Pores	□ Dilated Capillaries	□ Other_____

Please advise us of your medical history.

□ Cancer	□ Heart Disease	□ Asthma	□ RA/ Lupus
□ Diabetes	□ Blood Pressure	□ Cold Sores	□ Other_____
□ Epilepsy	□ Headache	□ HIV/Hepatitis	□ None of the Above

Surgery in the last 12 months? _____ If yes, please specify_____
Have you had any resurfacing treatments in the last month? □ yes □ no

Do you use or have you used Accutane or RetinA, or any other prescription skin products? □ yes □ no Date and product last used? _____

Are you currently using any products that contain the following ingredients?
□ glycolic acid □ lactic acid □ any hydroxyl acid product □ any exfoliating scrubs □ RetinA

Have you had an allergic reaction to any of the following? □ fruit □ dairy □ seafood □ cosmetics □ medicine
□ pollen □ food □ hydroxyl acids □ fragrances □ sunscreens □benzoyl peroxide □ latex □ aspirin
□ other _____ if yes what? _____

Have you ever had an allergic reaction to skincare products?_____ If yes, what ingredient?_____

What skin care products are you currently using? □ retinol □ cleanser □ toner □ moisturizer □ masque
□ exfoliator □ eye products □ sunscreen □ cleansing brush

What skincare line do you use? _____What makeup line do you use? _____

What type of massage pressure do you like? □ light □ medium □ firm
Are you currently pregnant or trying to become pregnant? □ yes □ no Breastfeeding? □ yes □ no

Liability Waiver: I declare that I am with full legal capacity and physical condition to obtain skin care/ body treatments. I have correctly answered the questions and have not withheld any information that may be relevant to my treatment. I hereby acknowledge and agree to obtain treatment. The possible risks of injury and/or disease which I may sustain personally will be my full and complete responsibility. Through this writing, I release my therapist and Déjà Vu Med Spa.

Client Signature: _____ Date: _____