

CLIENT PROFILE FORM

TODAY'S DATE BIRTHDATE AGE

FIRST NAME LAST NAME MIDDLE INITIAL

PLEASE DESCRIBE ANY PREVIOUS OR CURRENT SKIN/HEALTH CONDITIONS

ALLERGIES OR SENSITIVITIES

LIST ANY CREAMS, OINTMENTS, MEDICATIONS, OR SUPPLEMENTS USED

ANY OTHER KNOWN REACTIONS OR CONCERNS

I, AGREE THAT THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE DISCLOSED ANY CONDITIONS OR HISTORY THAT MAY PUT ME AT RISK FOR REACTIONS TO ANY SERVICES RECEIVED. I UNDERSTAND THAT I WILL BE IN DIRECT CONTACT WITH COSMETICS AND PRODUCTS THAT WILL BE TOPICALLY APPLIED. I AGREE TO RELEASE MY MAKEUP ARTIST OF LIABILITY FOR ANY COMPLICATIONS DIRECTLY OR INDIRECTLY CAUSED BY APPLICATION.

SIGNATURE:

DATE SIGNED:

THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN FOR CLIENTS UNDER 18.