



at Touch of Class Medspa & Laser Center (818) 502-3636

V.I. PEEL Form

Client Information

In order to provide you with the most appropriate skin care treatment, we would appreciate your time in completing the following questionnaire. All information is strictly confidential.

PERSONAL HISTORY

Client Name _____ Today's Date _____

Date of Birth ____ / ____ / ____ Age ____ Gender ☐ M ☐ F Current Time ____ am/pm

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Other _____

Occupation _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ ext. _____

Cell Phone (____) _____ Email _____

Emergency Contact Name _____ Phone (____) _____

Social Security Number ____ - ____ - ____ Driver's License Number _____

How were you referred to or heard of us? _____

Allergies

1. Have you ever had an allergic reaction to any of the following?
(Please check all that apply and describe the reaction you experienced.)

- ☐ NONE
- ☐ Food
- ☐ Latex
- ☐ Cosmetics
- ☐ Aspirin
- ☐ Lidocaine
- ☐ Hydrocortisone
- ☐ Hydroquinone or skin bleaching agents
- ☐ Others: _____

Cancellation policy

Cancellation is required 24 hours prior to appointment; failure to cancel within the required time will result in a fee of \$25.00 being charged to the credit card on file. A No Show is considered failure to cancel or failure to show for a scheduled appointment, a fee of \$50.00 will be applied to the credit card on file.

I attest this information to be true, knowing my technician relies on this for safe and effective treatment; I understand the cancellation policy and agree to its terms.

I certify that the preceding personal statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history as a current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature _____ Date _____