YOU ARE glowing™
REVITALIZE THE SKIN YOU'RE IN

DATE: _____

Information:

_____ _____
Name: Birthdate:

_____
_____
Address:

_____
Telephone Number (s): _____
Email address:

Emergency Contact:

_____ _____
Name: Telephone Number

Referral info.:
Who may we thank for your referring you to UR Glowing?
_____
_____

What is your occupation? _____

Please check all your special areas of concern:

_____ Acne Management	____ Enlarged Pores	____ Scarring
_____ Acne Scarring	____ Fine lines/wrinkles	____ Sun Damage
_____ Age Management	____ Hair Removal	____ Other
_____ Age Spots	____ Pigmentation	_____
_____ Broken Capillaries	____ Rejuvenation	_____

What previous cosmetic treatments have you had?
_____
_____

How would you describe your skin type?

____ Always burns, never tans	____ Rarely burns, Always Tans
____ Always burns, sometimes tans	____ Brown, Moderately pigmented skin
____ Sometimes burns, Always tans	____ Black skin

Please check all the medical conditions that apply to you:

_____ Arthritis
_____ Blood clotting issues
_____ Cancer
_____ Diabetes
_____ Frequent cold sores
_____ Hepatitis
_____ Herpes

____ high blood pressure
____ HIV/Aids
____ Hormone(s) imbalance
____ Keloid scarring
____ Seizure disorder
____ Thyroid imbalance
____ Any active infections
If Yes, describe_____

____NONE

Are you pregnant? _____ Yes _____No Last Menstrual period _____

Are you allergic to any of the following?

_____Aspirin _____Latex ____Hydrocortisone
_____ Lidocaine _____ Hydroquinone ____ Skin bleaching agents

_____NONE

Are you sensitive to any soaps, ointments or lotions? _____ yes _____no

Does your skin get blotchy, red or irritated easily? _____yes _____no

Do you have an artificial tan or have you had significant sun exposure in the last 4-6 weeks? If yes, please explain _____

Have you ever had a Chemical Peel? _____ yes ____no If yes, when? _____

Are you taking any medications? _____ yes ____no
If yes, what medication? _____

Do you take any mood altering or anti-depressant medication? ____yes ____no

Have you ever taken acutane? ___ yes ____ no: If yes, when? _____

Have you ever taken tetracycline, motrin, advil, ibuprofen? ____yes ____no:
If yes when_____

Do you use any topical medications? ___ yes ___ no: If yes, what? _____
Have you ever had laser hair removal? ____yes ____ no: If yes, when? _____
have you had an adverse reactions? _____yes _____no: If yes, what happened?
_____

What procedures have you used in the last six weeks: _____ Waxing
_____ Electrolysis _____ Tweezing
_____ Threading _____ Depilatories _____ Shaving _____
_____ Laser _____ Other

UR GLOWING

ACKNOWLEDGMENT AND RELEASE

I ACKNOWLEDGE that the practice of skin care and massage, including micro-needling, electrolysis, facials, body treatments, laser treatments, tattoo removal, vein treatments, brown spot removal, BOTOX, Juvederm, dermal fillers, and various other beauty or health procedures are not an exact science and no specific guarantees can be made or have been made concerning expected results.

I UNDERSTAND some clients experience more change(s) and improvements when compared to others. In virtually all cases, Multiple treatments are almost always required to realize any substantial or noticeable difference.

I also UNDERSTAND that the following risks and hazards may occur in connection with any particular treatment, including but not limited to, unsatisfactory results, poor healing, discomfort, pain, redness, bruising, blistering, nerve damage, and/or increased hair growth. I UNDERSTAND UR GLOWING will take all necessary and known precautions with my treatment but ALL risks CANNOT be known in advance.

I UNDERSTAND that response to treatment varies on an individual basis and specific results are NOT guaranteed. I HEREBY AGREE to hold UR GLOWING, its technician, doctors, or employees harmless and release UR GLOWING, its technician, doctors, or employees from any and all liability for any conditions or results, known or unknown, that may arise as a consequence of any treatment I receive.

_____
DATE:

_____
CLIENT SIGNATURE:

_____
PRINT NAME:

_____
REGLA QUINTANA
UR GLOWING
READY TO GLOW, LLC