



After giving us contact information, answering the following questions is optional and will be kept confidential. These questions help us better serve you in your sessions here at Rasa.

Name \_\_\_\_\_ Phone \_\_\_\_\_
E-mail address \_\_\_\_\_ Mailing address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of birth \_\_\_\_\_
Emergency contact + phone number \_\_\_\_\_

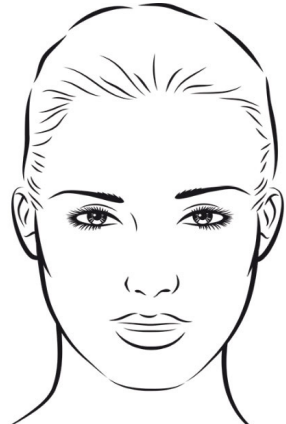
We'd love to know how you heard about us. Please check the main reason that brought you here.
word of mouth
radio internet search Facebook Instagram Cayuga Health System
billboard Rasa newsletter emails TCAT buses Island Health & Fitness Inns of Aurora

GENERAL HEALTH HISTORY

What is your main occupation? \_\_\_\_\_
What other activities do you enjoy? \_\_\_\_\_
Do you have a history of any of the following conditions?
Arthritis Circulatory problems Diabetes Glasses/contact lenses
Headaches/Migraines High blood pressure Irregular digestion Chronic pain
Osteoporosis Sciatica Sleep problems Varicose veins
Are you pregnant or trying to become pregnant? \_\_\_\_\_ If you are pregnant, how many weeks? \_\_\_\_\_
Do you smoke? \_\_\_\_\_ How much/often? \_\_\_\_\_

SKINCARE-SPECIFIC QUESTIONS

Are you currently taking any medications topically and/or orally? If yes, which? \_\_\_\_\_
Have you had any cosmetic surgeries, injectables, and/or fillers? Please list. \_\_\_\_\_
Have you ever used Accutane? If yes, when? Dosage? \_\_\_\_\_
Do you shower in the morning or evening? \_\_\_\_\_
How often do you exfoliate? \_\_\_\_\_
Do you tan? Do you wear sunscreen? \_\_\_\_\_
When did you last use any retinol, a peel or AHA? \_\_\_\_\_
What is your skincare regimen and what products/companies do you use? \_\_\_\_\_
What are your goals for your skin? \_\_\_\_\_
What special areas of concern do you have? Feel free to use the drawing to the right.



I understand that the services offered here are not a substitute for medical care. Any information provided is for educational purposes only and not diagnostically prescriptive in nature. I also give my permission for the therapists with whom I work to discuss information pertinent to my condition(s) and treatment with my other health care providers. I will ask for receipt of payment as well as session notes, if I would like to ask my insurance company for reimbursement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAXING CONSENT**

Please initial the following:

I have not used Retin-A or a Retinol in the last 3 weeks. \_\_\_\_\_

I have not used a peel, exfoliated, or tanned in the last 72 hours. \_\_\_\_\_

I do not use a prescription acne medication (such as Accutane or have discontinued its use for at least 12 months. \_\_\_\_\_

I do not have any open skin lesions or active herpes outbreaks (cold or genital) and understand that waxing can cause a flare-up or outbreak. \_\_\_\_\_

I understand that possible temporary side effects of waxing include, but are not limited to: mild to extreme redness, bruising, local swelling, stinging, tenderness, dry skin, flaking or scabbing of the skin, lightening or darkening of the skin, infections, pimples or a bumpy appearance. Most side effects that do occur fade within 72 hours. \_\_\_\_\_

I understand that if using an antibiotic and/or steroid, this can cause my skin to have an adverse reaction to waxing. \_\_\_\_\_

I will call to inform Rasa of any complications or concerns I have as soon as they occur. \_\_\_\_\_

I agree to adhere to all pre- and post-care instructions, including no peels, tanning, sauna, or wet room services for 72 hours to one week after waxing—every time I receive waxing services at Rasa. \_\_\_\_\_

I am over 18 years of age or I have a parent or guardian signature below. \_\_\_\_\_

I understand that Rasa has the right to refuse waxing services if proper hygiene has not been followed. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHEMICAL PEEL CONSENT**

Please initial next to each of the following. Rasa Spa asks that you not use or preform any of the following within the 7 to 14 days leading up to your chemical peel:

\_\_\_\_\_ Waxing or use of a depilatory (like Nair)    \_\_\_\_\_ Collagen &/or Botox injections    \_\_\_\_\_ laser treatments (of any kind)  
\_\_\_\_\_ Any other type of chemical peels (within 14 days)    \_\_\_\_\_ Retin-A and/or Retinol    \_\_\_\_\_ Accutane (within one year)  
\_\_\_\_\_ Any glycolic acid products    \_\_\_\_\_ Any prescription-strength topical medication    \_\_\_\_\_ Electrolysis

Please initial next to each of the following. Rasa Spa does not recommend a chemical peel if:

\_\_\_\_\_ You are undergoing chemo or radiation    \_\_\_\_\_ You have a sunburn or windburn    \_\_\_\_\_ You have any broken skin  
\_\_\_\_\_ You have visible lesions or cold sores    \_\_\_\_\_ You have a salicylic sensitivity    \_\_\_\_\_ You are allergic to aspirin

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MICRODERMABRASION CONSENT**

Please initial next to each of the following, which Rasa Spa asks that you not use or perform within the 14 days leading up to your microdermabrasion facial:

\_\_\_\_\_ Accutane (within 1 year)    \_\_\_\_\_ Electrolysis    \_\_\_\_\_ Laser treatments (of any kind)    \_\_\_\_\_ Collagen &/or Botox injections  
\_\_\_\_\_ Waxing    \_\_\_\_\_ Chemical peels (of any kind)    \_\_\_\_\_ Retin-A &/or Retinol    \_\_\_\_\_ Any prescription-strength topical med.

Signature \_\_\_\_\_ Date \_\_\_\_\_