Beautiful People Salon & dayspa

860-635-3000
2 Hammerhead pl, Cromwell CT, 06416

Guest Information

Full Name : _____

Date of Birth : _____

Address : _____

Gender : ☐ Male ☐ Female

City : _____ ZIP : _____

Phone Number : _____

Skin & Beauty Profile

Skin Type : ☐ Normal ☐ Dry ☐ Oily ☐ Combination ☐ Sensitive

Main Concerns :

☐ Acne ☐ Acne Scars ☐ Wrinkles ☐ Dark Spot ☐ Dull Skin

☐ Other

Have you had any previous aesthetic treatments? ☐ Yes ☐ No

If yes, please specify what type and when :

_____

Medical Information

Do you have any medical conditions? ☐ Yes ☐ No

If yes, please specify : _____

Are you currently taking medication? ☐ Yes ☐ No

If yes, please list: _____

Allergies (especially skincare/ingredients) :

_____

Are you pregnant or breastfeeding? ☐ Yes ☐ No

I understand that treatments and products react differently for each person. I understand that my service provider will, to the best of their ability, provide treatment that align with my goals and the information on this form. I understand that medications and allergies can cause unexpected reactions for each individual.

Guest Signature _____ Date _____