

Therapist name: \_\_\_\_\_

Your name: \_\_\_\_\_

## Skin & health information

### Have you had a facial treatment before?

☐ Yes ☐ No If yes, when? \_\_\_\_\_

### What are your main skin concerns? (Tick all that apply)

☐ Acne/blemishes ☐ Fine line/wrinkles ☐ Pigmentation ☐ Dryness  
☐ Oilies ☐ Redness/sensitivity ☐ Other: \_\_\_\_\_

### Have you used any of these in the past 48 hours?

☐ Retinol/retinoids ☐ Glycolic acid/chemical exfoliants  
☐ Prescription skin treatments (e.g., Accutane) ☐ None

### Any allergies or skin sensitivities?

☐ Yes ☐ No If yes, please list: \_\_\_\_\_

### Are you taking any medications affecting your skin?

☐ Yes ☐ No If yes, please list: \_\_\_\_\_

### Recent surgeries, cosmetic procedures or laser treatments?

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

**Do you have or have had any of the following?** (Tick all that apply)

- ☐ Eczema   ☐ Psoriasis   ☐ Rosacea   ☐ Cold sores/herpes simplex
- ☐ High blood pressure   ☐ Other: \_\_\_\_\_

**Are you pregnant or breastfeeding?**

- ☐ Yes   ☐ No

## Skin type & routine

**How would you describe your skin type?**

- ☐ Normal   ☐ Dry   ☐ Oily   ☐ Combination   ☐ Sensitive

**Do you use sunscreen regularly?**

- ☐ Yes   ☐ No

**What skincare products do you currently use?** (Tick all that apply)

- ☐ Cleanser   ☐ Exfoliant   ☐ Toner   ☐ Serum   ☐ Moisturiser
- ☐ Other: \_\_\_\_\_

**What would you like to achieve with today's treatment?**

- ☐ Other: \_\_\_\_\_

## Consent & waiver

I confirm that I have provided accurate details about my health and skincare history. I understand that facial treatments may have some risks, including redness, irritation or allergic reactions, and that certain treatments need aftercare which I agree to follow.

I understand that I can stop or refuse treatment at any time and that I must tell the Urban therapist if I feel uncomfortable during the treatment.

## Waiver of liability

Urban's role is to connect me with an independent therapist, and my contract is directly with them. I release Urban and the therapist, to the extent permitted by law, from any liability related to this session.

Date: \_\_\_\_\_ Client signature: \_\_\_\_\_