

# THE SPA AT CYPRESS BEND RESORT

CLIENT INFORMATION/AESTHETICIAN CHECK-IN FORM



CYPRESS BEND RESORT  
A WYNDHAM HOTEL

NAME \_\_\_\_\_ BIRTHDAY (M/D/YY) \_\_\_\_\_

SERVICE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ROOM NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

Within the last year have you been under a dermatologist or other physician's care?  No  Yes

Within the last nine months have you undergone any surgeries?  No  Yes

If yes please specify: \_\_\_\_\_

Have you had any health problems past or present?  No  Yes

If yes please specify: \_\_\_\_\_

Do you smoke?  No  Yes

Do you follow a restricted diet?  No  Yes

Do you wear contact lenses?  No  Yes

Do you have metal implants, pacemaker or body piercings?  No  Yes

Rate your level of stress on a scale of 1-4 (1=low, 4=high)  1  2  3  4

Please list any medications, supplements, vitamins, diuretics, slimming tablets, etc., that you take:

Do you ever experience skin breakouts?  No  Yes

Do you ever experience oily shine during the day?  No  Yes

Do you experience a burning or itching sensation on your skin?  No  Yes

Have you ever experienced a reaction to any of the following?

\_\_\_\_\_ Cosmetics \_\_\_\_\_ Medicine \_\_\_\_\_ Iodine \_\_\_\_\_ Pollen \_\_\_\_\_ Food \_\_\_\_\_ Animals

\_\_\_\_\_ Hydroxy Acids \_\_\_\_\_ Sunscreens \_\_\_\_\_ Fragrance Other: \_\_\_\_\_

Are you pregnant or trying to become pregnant?  No  Yes

Do you have any special skincare problems pertaining to your face or body?  No  Yes

If yes please specify: \_\_\_\_\_

What skincare products are you currently using?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever had chemical peels, microdermabrasion or any resurfacing treatments?**

No  Yes

**If yes how long ago?** \_\_\_\_\_

**Do you sunbathe or use tanning beds?**

No  Yes

**Do you burn easily in moderate sunlight?**

No  Yes

**Do you have a tendency to redness?**

No  Yes

**Do you suffer from sinus problems?**

No  Yes

**What are your skincare goals?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the facial/body treatments I receive are provided for the basic purpose of relaxation. I further understand that the facial/body treatments I receive should not be construed as a substitute for medical examination, diagnosis or treatment. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist should I neglect to do so.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_