GloTheory

LUXURY CARE. INTENTIONAL RESULTS.

New Client Skin Intake & Treatment Consent

Please complete this form accurately before treatment. Your answers help GloTheory customize your service and identify products, techniques, or enhancements that may not be appropriate for your skin.

Client Information

Full Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Emergency Contact / Phone: _____

Skin Consultation

What are your primary skin concerns or goals?

_____

_____

How would you describe your skin?

■ Normal ■ Dry ■ Oily ■ Combination ■ Sensitive ■ Acne-prone ■ Unsure

Have you had a professional facial before? If yes, what and when?

_____

_____

List the skincare products you currently use.

_____

_____

_____

Products & Treatment Considerations

Retinol, tretinoin, or Differin use? ■ Yes ■ No

AHA, BHA, acids, or acne treatment use? ■ Yes ■ No

Are you currently taking, or have you previously taken, isotretinoin (Accutane)? ■ Yes ■ No

If yes, when did you last take isotretinoin?

Do you have known allergies? ■ Yes ■ No

If yes, list allergies or sensitivities.

Have you had a prior reaction to skincare or a professional treatment? ■ Yes ■ No

If yes, briefly explain.

Are you using medications or topical treatments that may affect your skin? ■ Yes ■ No

If yes, list relevant medications or topical treatments.

Pregnancy / breastfeeding status:

■ Yes ■ No ■ Prefer not to answer

Recent skin treatments? ■ Yes ■ No

If yes, what treatment and when?

Current sunburn, broken skin, irritation, rash, infection, or cold sores? ■ Yes ■ No

If yes, briefly describe.

Anything else your esthetician should know before treatment?

Treatment Consent & Client Acknowledgment

I understand that GloTheory skincare services are cosmetic skincare treatments and that individual results may vary. I confirm that the information I provided is complete and accurate to the best of my knowledge. I understand that withholding relevant information about medications, allergies, sensitivities, skincare products, recent procedures, or changes in my skin may affect treatment safety or suitability.

I understand that skincare treatments may cause temporary reactions including redness, sensitivity, dryness, tingling, tenderness, irritation, or temporary changes in the appearance or feel of the skin. I understand that my esthetician may modify, postpone, or decline any portion of treatment if a product, technique, enhancement, or service is not appropriate for my skin at that time.

I understand that no specific skincare result is guaranteed and that multiple treatments and appropriate home care may be recommended. I agree to communicate immediately if I experience excessive discomfort, burning, pain, or another unexpected sensation during treatment. I may request that treatment be modified or stopped at any time.

I understand that aftercare recommendations may be provided and agree to follow appropriate instructions to the best of my ability. By signing below, I acknowledge that I had the opportunity to provide relevant information, ask questions, and voluntarily consent to receive skincare services from GloTheory.

Client Signature: _____

Date: _____

Esthetician Review / Initials: _____