



*Salon de Provence - Confidential Guest Esthetic Consultation Form*  
*5148 Oxley Place, Westlake Village 91362*  
*(323) 574-1550*

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Text: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please state any **allergies or sensitivities** to ingredients/products:

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Please explain any other skin care concerns:

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Do you have Eyelash Extensions?  Yes  No Date of last fill: \_\_\_\_\_

Do you use any Retin-A® or Vitamin A products?  Yes  No Date last used: \_\_\_\_\_

Do you consider your skin:  Dry  Oily  Combination  Burns Easily  Breakout Easily

In any, what special areas of concern do you have? Please check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acne Management     | <input type="checkbox"/> Enlarged Pores    | <input type="checkbox"/> Hair Removal           |
| <input type="checkbox"/> Fine Lines/Wrinkles | <input type="checkbox"/> Hyperpigmentation | <input type="checkbox"/> Mature Skin Management |
| <input type="checkbox"/> Broken Capillaries  | <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Other _____            |

**We are grateful to have you as a client and will work diligently to maintain your trust and confidence. Please do not hesitate to call, email or text at any time for any reason. We are here for your care and support.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



# *Salon de Provence*

## *Confidential Guest Acknowledgement and Treatment Consent*

I hereby consent to treatment by *Salon de Provence and Kathleen Ferrari* for my skin care concerns. I understand that treatments are limited only to skin care concerns such as blemishes, breakouts, irritation, redness, uneven pigmentation, anti-aging, and skin/facial esthetics. I understand that these treatments are in no way a substitute or replacement for care by a Dermatologist including, but not limited to, the concerns stated above. I also understand that I, not Salon de Provence or Kathy Ferrari or its employees, am fully responsible for my own medical care for conditions including, but not limited to, skin cancer, melanoma, psoriasis and eczema. I hereby agree to release and hold harmless Salon de Provence and Kathleen Ferrari, its successors and assignees, heirs, employees and affiliates from any and all claims, demands, suits and judgments, arising out of or in connection with the receipt of the aforementioned treatments and/or products. I also agree to adhere to all post-treatment guidelines, if any. I understand that I am paying for a service and that while typical outcomes have been described to me, individual outcomes vary and are not guaranteed. I expressly assume any and all risks of treatment, incidental or otherwise. I understand and agree that this is a release of liability and a waiver of any legal right that I may have against Salon de Provence and Kathleen Ferrari, its successors and assignees, heirs, employees and affiliated to make claims or collect damages for any reason.

Signed:

\_\_\_\_\_

Guest Name:

\_\_\_\_\_

Date: