

The Filtered Lounge by SL Aesthetics

Aesthetic Treatments Consultation Form

Personal Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Emergency Contact

Name:

Relationship:

Phone Number:

Medical History

Are you under the care of a physician?

- Yes
 No

Do you have any chronic conditions (e.g., diabetes, hypertension)?

- Yes
 No

Are you taking medications/supplements?

- Yes
 No

Any allergies (medications, foods, latex)?

- Yes
 No

Any previous surgeries or cosmetic procedures?

- Yes
 No

Do you smoke or use tobacco?

- Yes
 No

Do you consume alcohol?

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- Yes
 No

Are you pregnant or planning pregnancy?

- Yes
 No

Skin Concerns & Treatment Goals

What is your primary skin concern?

Have you experienced reactions to skincare treatments?

- Yes
 No

If yes, please describe:

Do you use any of the following?

- Retin-A/Retinol
 Alpha Hydroxy Acids (AHAs)
 Accutane
 Other prescription skincare

How would you describe your skin type?

- Oily
 Dry
 Combination
 Sensitive
 Normal

Which treatments are you interested in?

- Facials
 Chemical Peels
 Microdermabrasion
 Laser Treatments
 Injectables (Botox, Fillers)
 Body Contouring
 Other

What are your specific treatment goals?

Consent and Acknowledgment

I certify the above information is true and correct to the best of my knowledge.

I understand providing incorrect information could impact treatment results.

I agree to inform the practitioner of any changes to my health or medications.

I give consent to receive aesthetic treatments from The Filtered Lounge by SL Aesthetics.

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Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____