

At Murad, our skin-health philosophy is founded on Inclusive Health®, a whole-person system for youth building that supports health at a fundamental, cellular level. At the heart of Inclusive Health is a 3-faceted approach that helps you to **Look Better** through high-performance skincare, **Live Better** through nutrition and exercise, and **Feel Better** by managing stress and cultivating happiness. Please take a moment to fill out the questionnaire below. Your answers will help your therapist target your specific skin conditions and provide you with a truly personalised experience.

Today's date _____ Client's name _____ Date of birth _____ Female Male

Address _____ Postcode _____

Telephone _____ Email address _____

Emergency contact (name and phone number) _____

Occupation _____ How did you hear about us? _____

LOOK BETTER

1. Avoid facial treatment if any of the following apply to you:

- Open wounds, skin infections, strong sun exposure or sunburns
- Retin A®/Renova® (or any topical Rx retinoid) within the last week
- Accutane® (Isotretinoin) within the last 6 months
- Injectable/dermal fillers within the last week
- Facial waxing within the last 24-48 hours
- A microdermabrasion treatment within the last 72 hours
- Medication for the skin within the last 4 weeks
- Any chemical peels/IPL/photofacials within the last 4 weeks
- *Laser treatments/facial cosmetic surgery within the last 6 months
- *Chemotherapy within the last 6 months
- *Radiation treatment within the last 6 months

* Please provide a doctor's release form if you would like to receive a facial with these contraindications.

2. How happy are you with the way your skin looks?

- Very happy Happy Somewhat happy Unhappy Not happy at all

3. What is your primary skin concern?

- Lines and wrinkles Hyperpigmentation Pore congestion/Breakouts

4. What secondary skin concerns do you have?

- Lines/Wrinkles Loss of firmness Hyperpigmentation Pore congestion/Breakouts
 Dehydration Sensitivity Other _____

5. Let us know if you have sensitive skin:

- A tendency towards redness Sensitive to extreme temperatures Easily irritated by skincare products
 Other _____

6. Let us know about your allergies, if applicable:

- Medication _____ Cosmetic/Skincare ingredients _____
 Food _____ Fragrance _____ Other _____

7. How do you currently take care of your skin?

Check all that apply.

- | CLEANSER | TREATMENT | TREATMENT | MOISTURISER/SUNSCREEN | BODY |
|---------------------------------------|---|---------------------------------|--|--|
| <input type="radio"/> Soap | <input type="radio"/> Exfoliator | <input type="radio"/> Serum | <input type="radio"/> Day moisturiser with SPF | <input type="radio"/> Body cleanser |
| <input type="radio"/> Facial cleanser | <input type="radio"/> Acids and peels | <input type="radio"/> Mask | <input type="radio"/> Night moisturiser | <input type="radio"/> Body moisturiser |
| <input type="radio"/> Toner | <input type="radio"/> Vitamin A/Retinol | <input type="radio"/> Eye cream | <input type="radio"/> Sunscreen | <input type="radio"/> Hand cream |

8. Let us know about your medication:

Check all that apply

- Retin A®, Renova®, or any topical Rx retinoids Hypertension medication Thyroid medication
 Oral & topical steroids Antibiotics
 Other _____

9. Let us know about your general health:

Check all that apply.

- Contact lenses
- Eczema/Psoriasis
- Diabetes
- Cancer treatment within the last year
- Neck pain
- Skin infections/Fever blisters
- Pacemaker
- Sinus pain
- Varicose veins
- Other _____

10. For women:

Are you pregnant? If so, when is your due date? _____

11. For men:

How often do you shave per week? _____

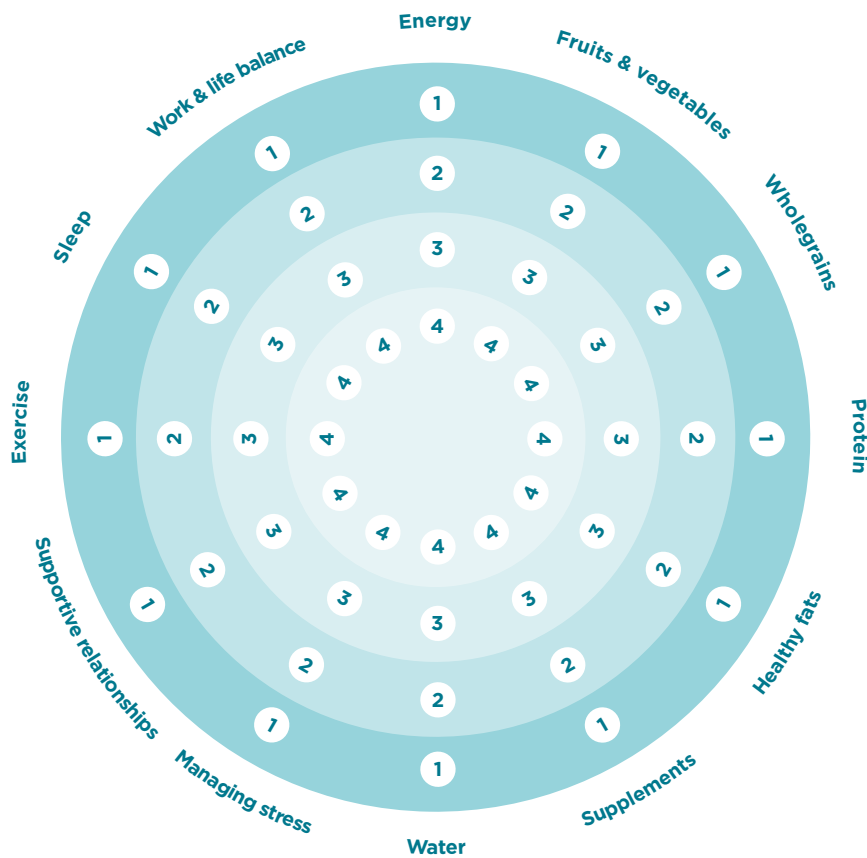
If any, specify your skin concerns related to shaving _____

LIVE BETTER & FEEL BETTER WHEEL

We have designed a questionnaire to help you understand where your overall health stands today and identify where you could be paying closer attention. This is a self-rated questionnaire based on the following steps:

- Each section has a value: **1=Very Low** and **4=Ideal**.
- In general, lower values indicate areas that need more immediate lifestyle attention.

Please complete:



Your permission

I hereby consent to the use of my personal data (including any sensitive personal data) for the purpose of my treatment and any future treatment. It is my responsibility to inform my therapist of any of my pre-existing conditions, limitations or specific sensitivities, and to inform her or him if I feel any discomfort during the session. I understand that if I expose myself to any of the products, services, or items listed on this release form and do not inform my therapist, or choose to proceed against my therapist's recommendation, I am accepting full responsibility for any possible reaction. I have read the above information and give my permission to my therapist to perform the procedure, and I agree to hold my therapist and the spa/salon harmless of any liability that may result from this treatment.

Name (please print) _____

Signature _____ Date _____