



### Mission Statement

Kare by Ki is built on providing relaxing, convenient and professional spa services tailored and personalized for each client to experience flawless results. A mobile spa service allows services to be pampered in the comfort of your own home, office, event space or location of your choice.

### Vision Statement

Being pampered has never been so easy. My goal in life is to share and enlighten on how we can take care of ourselves and always remember how important our natural beauty is! I am trained and experienced Medical Aesthetician with an extreme passion for skin care, lashes and spray tans!

### Core Values

Working with the top of the line, organic products safe for all clients, the treatments are tailored for phenomenal results, leaving you feeling fresh, beautiful and truly YOURSELF.

Kare by Ki specializes in convenience, not everyone has time to leave their home - with a wide range of availability, KI is determined to fit must needed beauty treatments in with your business schedule.

📞 906.699.1069

✉ info@karebyki.ca

🌐 karebyki.ca

📱 @karebyki

# General Consent Form

I \_\_\_\_\_ hereby acknowledge and understand that i am receiving aesthetic treatment(s) generally described as \_\_\_\_\_ from Kare by Ki. I give my voluntary and informed consent to receive the treatment(s) listed. I understand that there may be physical contact involved in these treatments and i am not aware of any medical reasons that would preclude me from requesting or receiving treatments of this nature.

Before and after treatment advice/ protocols have been discussed with me and that adherence to such advice/ protocols is necessary for optimal treatment results and to avoid undesirable effects after treatment.

The treatment(s) as well as potential benefits and risks associated have been explained to me and meet my satisfaction.

I am aware that Kare by KI has a 24 hour cancellation Policy. Treatments and discounted services purchased are non-refundable, however treat, EMT booked may be transferred to family or friends or exchangeable for other regular price services provided by Kare by Ki.

I freely Consent to the treatment(s) listed above.

Client Name Print: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Dated: \_\_\_\_\_



# Client History Form

Client Name Print \_\_\_\_\_ Address Print \_\_\_\_\_

City \_\_\_\_\_ Postal \_\_\_\_\_ D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone \_\_\_\_\_ Cellular \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to be on the mailing list to receive coupons and specials? YES  NO

# Health History Form

Please mark (x) in the pink box beside all conditions that apply to you.

Claustrophobia	<input type="checkbox"/>	High or Low Blood Pressure	<input type="checkbox"/>
Anxiety / Depression	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Dental Implants (metal)	<input type="checkbox"/>
Infectious Disease (HIV / AIDS etc.)	<input type="checkbox"/>	Metal Implants	<input type="checkbox"/>
Autoimmune Disorders	<input type="checkbox"/>	Contact Lenses	<input type="checkbox"/>
Headaches / Migraines	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Muscle or Joint Pain / Problems	<input type="checkbox"/>	Acne	<input type="checkbox"/>
Asthma or Lung Conditions	<input type="checkbox"/>	Psoriasis / Rosacea	<input type="checkbox"/>
Skin Sensitivities / Easy Bruising	<input type="checkbox"/>	Botox / Fillers	<input type="checkbox"/>
Abdominal or Digestive Problems	<input type="checkbox"/>	Pregnant or Trying	<input type="checkbox"/>
Herpes (Genital or Oral)	<input type="checkbox"/>	Hormone Imbalance	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	Irregular Menstruation	<input type="checkbox"/>

Do you have any known allergies? (Latex, food, aspirin, other) \_\_\_\_\_

Current Medications \_\_\_\_\_ Recent Surgeries \_\_\_\_\_

PLEASE NOTE: Kare by Ki prides itself on achieving great integrity and professionalism. Services performed and information provided above will be held in strict confidentiality. All information is used by service providers to ensure quality and safety of clients. Please allow Ki to arrive 15 minutes prior to your appointment for set up / sterilization and pre appointment consultation.

I \_\_\_\_\_ have answered all the above truthfully to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness (Medical Aesthetician) \_\_\_\_\_

Date \_\_\_\_\_

