Esthetics Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

DOB _____ Occupation _____ Email _____

How did you hear about us? _____

Conditions you are currently experiencing today (Please select all that apply):

☐ Headache   ☐ Inflammation   ☐ Muscle Cramps   ☐ Anxiety   ☐ Fatigue   ☐ Insomnia   ☐ Stress   ☐ Forgetfulness

Which aroma(s) do you prefer? (Please select all that apply)

☐ Lavender   ☐ Citrus   ☐ Geranium   ☐ Peppermint   ☐ Lemongrass   ☐ Patchouli   ☐ Eucalyptus   ☐ Frankincense

Esthetics Information

What type of skin do you have?

☐ Normal   ☐ Oily   ☐ Dry   ☐ Combination

What areas of concern do you have regarding your skin?

☐ Breakouts/Acne   ☐ Blackheads/Whiteheads   ☐ Uneven Skin Tone   ☐ Sun Damage

☐ Excessive Oil/Shine   ☐ Wrinkles/Fine Lines   ☐ Dull/Dry Skin   ☐ Rosacea

☐ Broken Capillaries   ☐ Redness/Ruddiness   ☐ Dehydrated   ☐ Sun, Liver, Brown Spots

☐ Other: _____

Have you been under the care of a dermatologist within the past year?   ☐ yes   ☐ no

If yes, please explain _____

Have you ever had an allergic reaction to any of the following?

☐ Cosmetics   ☐ Medicine   ☐ Food   ☐ Animals   ☐ Sunscreen   ☐ Drugs

☐ Iodine   ☐ Pollen   ☐ AHAs   ☐ Fragrance   ☐ Shellfish   ☐ Latex

Other: _____

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinol/Vitamin A derivative products?

If yes please describe: _____

Have you received Botox, Restylane, or Collagen injections in the last 6 months?   ☐ yes   ☐ no

If yes, please specify: _____

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

_____   _____

Client Signature   **Date**