

CONFIDENTIAL CLIENT INTAKE FORM

General Information

Name _____ Birthday _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

Occupation _____

Emergency Contact Name _____ Phone # _____

Would you like to be added to our email list for specials and discounts? Yes No

How did you hear about us? _____

Medical History

Please check all that apply:

Acne

Diabetes

Fever Blisters

High Blood Pressure

Hypo Pigmentation

Lupus

Pregnant

Seborrhea

Hyper/Hypo Thyroid

Arthritis

Eczema

Heart Condition

HIV

Insomnia

Sinus Infection

Psoriasis

Shingles

Warts

Depression

Epilepsy

Hepatitis

Hyper Pigmentation

Low Blood Pressure

Surgery: _____

Rashes

Skin Cancer

Other: _____

Are you currently taking any medications? Yes No

If yes, please explain: _____

Have you had any facial or dermatology services in the past 30 days? Yes No

If yes, please explain: _____

Do you have any allergies? Yes No

If yes, please explain: _____

Skin Care History

Check the products that you currently use (please select all that apply):

Body Lotion

Cleansing Cream

Eye Cream

Facial Scrub

Night Cream

Body Soap

Day Cream

Exfoliants

Hand Cream

Skin Toner/Astringent

Body Scrub

Eye Makeup Remover

Facial Soap

Neck Cream

Other: _____

What type of skin do you have?

Normal Oily Dry Combination Unsure

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

Anxiety Fatigue Forgetfulness Headache
Inflammation Insomnia Muscle Cramps Stress

Important Information

What concerns do you have regarding your skin? Please select all that apply:

Acne/Breakouts	Blackheads/Whiteheads
Broken Capillaries	Clogged Pores
Dark Spots	Dryness
Excessive Oil/Shine	Redness
Rosacea	Scarring
Sun Damage	Uneven Skin Tone
Unwanted Hair	Wrinkles/Fine Lines
Other: _____	

Have you been under the care of a dermatologist within the past year? Yes No

If yes, please explain: _____

Have you used Retin-A, Renova, AHAs or Retinal/Vitamin A products in the last three months?

Yes No

If yes, please explain: _____

Have you received Botox, Restylane, or Collagen injections in the last 6 months?

Yes No

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I 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 liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

Name Printed

Signature

Date
