



Esthetic Service Intake Form

Client Information

Name: _____ Gender: Female Male Other

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ (Please circle preferred contact method)

Would you like to receive email promotions and updates?: Yes No

Referred by: _____

Allergies + Reactions

Have you had any reactions to skin care products or cosmetics? Yes No

If yes, please describe: _____

Do you have any allergies? Yes No

If yes, list any known allergies: _____

Do you have any other health concerns? Are you Pregnant? Yes No

If yes, please describe: _____

Skin Type + Condition

Skin Type: Normal Oily Dry Combination

What areas of concern do you have regarding your skin? (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Breakouts / Acne | <input type="checkbox"/> Blackheads / Whiteheads |
| <input type="checkbox"/> Uneven Skin Tone | <input type="checkbox"/> Sun Damage |
| <input type="checkbox"/> Excessive Oil / Shine | <input type="checkbox"/> Wrinkles / Fine Lines |
| <input type="checkbox"/> Dull / Dry Skin | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Broken Capillaries | <input type="checkbox"/> Redness / Ruddiness |
| <input type="checkbox"/> Dehydrated | <input type="checkbox"/> Sun, Liver, Brown Spots |
| <input type="checkbox"/> Other: _____ | |

When you go out into the sun, do you:

- Always Burn
- Usually Burn
- Sometimes Burn
- Rarely Burn
- Never Burn

Skin Care

Have you seen a dermatologist within the past year? Yes No

If yes, please explain: _____

Do you currently use any of the products listed below (Check all that apply):

- Accutane
- Adapolene
- Differin
- Isotretinoin
- Renova
- Retina-A / Stieva-A
- Scrub / Peel
- Topical Vitamin A
- Topical Vitamin C
- Tretinoin / Avita
- Other: _____

If yes, please describe: _____

Have you recently received Botox, Restylane or Collagen injections?

- Yes No

If yes, please explain: _____

Please describe your skin care regimen at home. What products do you use? _____

What are your skin care goals? _____

Consent for Treatment

By signing this form, the client agrees to the following: I understand, have read and completed this questionnaire truthfully and agree to inform the technician of any changes in the above information. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____ Date: _____