

SKIN QUESTIONNAIRE & HEALTH INTAKE FORM

Full Name: _____

Date: _____

Email: _____

Phone: _____

✨ Skin Overview & Daily Routine

1. How would you describe your skin state?

- ☐ Oily – noticeable shine and excess oil throughout the day
- ☐ Dry – tightness, flakiness, or dry patches
- ☐ Combination – oily in some areas (like T-zone), dry in others
- ☐ Sensitive – prone to redness, stinging, or allergic reactions
- ☐ Balanced – overall even texture and oil level

2. Do you have any skin conditions or concerns we should know about? (Check all that apply)

- ☐ Acne or breakouts
- ☐ Eczema / Psoriasis
- ☐ Redness or rosacea
- ☐ Skin allergies or sensitivities
- ☐ Dark spots / hyperpigmentation
- ☐ Fine lines / wrinkles
- ☐ Large pores or texture
- ☐ Other: _____
- ☐ None

3. What skincare products are you currently using?

Cleanser: _____

Toner: _____

Serum: _____

Moisturizer: _____

Sunscreen/SPF: _____

Other: _____

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4. Have you had any professional skincare (within 7 days)?

☐ Facial

☐ Dermaplaning

☐ Microneedling

☐ Chemical Peel

☐ Laser Treatment

☐ Other: _____

☐ None

✨ Wellness & Skin Sensitivities

5. Are you currently experiencing any of the following?

☐ Hormonal changes (pregnancy, birth control, etc.)

☐ High stress levels

☐ Taking medications that affect your skin? Please list: _____

☐ None of the above

6. Are you currently using any topical medications or treatments on your skin (e.g., Retinol, AHAs, Glycolic acid)?

☐ Yes – Please list: _____

☐ No

Client Consent & Liability Waiver

By signing below:

- I confirm all information I've provided is accurate and complete.
- I understand this form is for the purpose of customizing treatments or makeup application based on my skin's unique needs.
- I understand that while MUA LUZ takes all precautions, reactions may occur, and I accept full responsibility for any skin sensitivities or allergic reactions.
- I release MUA LUZ and its artist from any liability related to my service experience.

Client Signature

Date

Printed Name