



## Esthetics Intake Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_ Email \_\_\_\_\_

I understand that the booking system used by Akcent Day Spa, LLC uses text messaging and email to confirm appointments and cancellations. By checking this box, I provide my consent to receive periodic text messages and/or emails with appointment reminders and promotions and note that consent to these terms is in no way a condition of purchase.

---

1. Do you have any health problems or concerns that we need to be aware of before treatment? If YES, please describe: \_\_\_\_\_

2. Are you pregnant? **YES NO**

3. Any recent surgery on your face, neck or shoulders? **YES NO**

4. Circle if you are currently or have taken any of the following within the past three months: Accutane, Retin-A/Renova or any powerful alpha hydroxy acids.

5. Do you currently wear contact lenses? **YES NO**

6. Are you currently under a physician's care for any skin conditions? **YES NO**

If YES, please describe: \_\_\_\_\_

7. Have you ever had an adverse reaction to a cosmetic product or ingredient? **YES NO**

If YES, please describe: \_\_\_\_\_

8. What are your skin concerns or challenges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What products are you currently using on your skin?

\_\_\_\_\_

10. Do you have any allergies to fruits, plants or vegetables? **YES NO**

If YES, please list:

\_\_\_\_\_

---

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 towards my technician for any injury or damages incurred to to any misrepresentation of my health history.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_