Client Intake & Health History

Please complete before your first appointment and update annually or whenever your health information changes.

Thank you for choosing Ancient Esthetics. This confidential information helps me provide facial treatments that are safe, comfortable, and personalized for your skin.

CLIENT INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Preferred Contact Method:

_____ Phone _____ Text _____ Email

May Ancient Esthetics contact you regarding appointment reminders, follow-up care, promotions, and business updates? _____ Yes _____ No

How did you hear about Ancient Esthetics?

HEALTH HISTORY

Please answer honestly and completely. Your answers help determine whether treatment should be adjusted or postponed.

Do you have any health conditions that may affect your skin or today's treatment? _____ Yes _____ No

If yes, please explain: _____

Are you currently using any prescription medication or prescription skincare product that may affect your skin? _____ Yes _____ No

If yes, please explain: _____

Do you have allergies or sensitivities to skincare ingredients, fragrances, latex, adhesives, or topical products? _____ Yes _____ No

If yes, please explain: _____

Have you ever had an adverse reaction to a facial or skincare product? _____ Yes _____ No

If yes, please explain: _____

HEALTH HISTORY - CONTINUED

Please mark any that apply:

_____ Keloid scarring _____ Cold sores _____ Active cold sore

_____ Open lesion _____ Skin infection _____ Sunburn

_____ None

Do you experience claustrophobia or anxiety when your face is covered with warm towels or during facial treatments? _____ Yes _____ No

If yes, please explain: _____

SKIN HISTORY

How would you describe your skin?

_____ Dry _____ Oily _____ Combination

_____ Sensitive _____ Normal

What are your primary skin concerns?

Are you currently using skincare products? _____ Yes _____ No

If yes, please list the products you currently use:

Are you currently using any of the following?

_____ Retinol _____ Retin-A _____ Tretinoin

_____ Differin _____ Glycolic acid _____ Lactic acid

_____ Salicylic acid _____ Physical exfoliants _____ Other

_____ None

If you marked Other, please explain:

RECENT FACIAL PROCEDURES

Mark any procedure you have received recently. Include the date and facial area treated.

_____ Chemical peel _____ Microdermabrasion

_____ Microneedling _____ Laser / IPL

_____ Botox or neurotoxin _____ Dermal fillers

_____ Facial waxing / threading _____ Facial permanent makeup

_____ Other facial procedure _____ None

Date of procedure: _____

Facial area treated: _____

Have you had significant sun exposure, used a tanning bed, or received a spray tan within the last 48 hours? _____ Yes _____ No

Do you regularly wear sunscreen? _____ Yes _____ No

If yes, SPF: _____

FOR ESTHETICIAN USE ONLY

Client: Please leave this section blank.

Fitzpatrick Skin Type:

_____ I _____ II _____ III _____ IV _____ V _____ VI

GENERAL CONSENT

_____ I certify that the information provided on this form is accurate and complete to the best of my knowledge.

_____ I understand that it is my responsibility to inform my esthetician of changes to my health, medications, allergies, prescription skincare, or treatment history before future appointments.

_____ I understand that esthetic services may cause temporary redness, irritation, sensitivity, dryness, peeling, bruising, allergic reaction, or breakouts.

_____ I understand that treatment results vary and no specific result has been guaranteed.

_____ I agree to follow all recommended pre-care and post-care instructions.

_____ I have had the opportunity to ask questions and have received answers that I understand.

OFFICE POLICIES

Arrival: Please arrive approximately 5 minutes before your scheduled appointment.

Late Arrival: If you arrive more than 10 minutes late, your appointment may need to be shortened or rescheduled depending on the schedule that day.

Cancellation: Please provide at least 24 hours notice whenever possible if you need to cancel or reschedule.

Illness: Please reschedule if you are experiencing a contagious illness or contagious skin condition.

Right to Postpone or Refuse Service: Ancient Esthetics may postpone or decline treatment when it is unsafe, inappropriate, or contraindicated.

PHOTOGRAPHY PERMISSION

_____ Client record photographs only

_____ Client record photographs and anonymous marketing photographs

_____ I do not authorize photography

ACKNOWLEDGMENT & SIGNATURE

I certify that I have read and understand this Client Intake & Health History form and voluntarily consent to receive esthetic services from Ancient Esthetics.

Client Signature: _____

Date: _____

Esthetician Signature: _____

Date: _____