

Client intake form

Today's date: _____

Name: _____ Date of birth: _____

Address: _____

Phone number: _____

Email address: _____

Occupation: _____

Does your job require you to work outdoors? Yes___ No___

What would you like to achieve from today's treatment?

Have you ever had a facial treatment? Yes___ No___

Which of the following best describes your skin? (Please circle one)

Type I Always burns, never tans

Type II Usually burns, tans minimally

Type III Mildly burns, tans uniformly

Type IV Minimally burns, always tans

Type V Rarely burns, tans very easily

Type VI Never burns, deeply pigmented

Have you ever had chemical peels, laser, microdermabrasion, or any other
abrasive treatment? If so, when? _____

Are you currently using or have ever used Retin A, Renova, Adapalene Hydroxyl Acid, Accutane, or any other Vitamin A derived products? If yes, please explain:

No____ Yes, _____

What skin care products are you currently using? (List name of product and brand where known)

Have you used any of the following hair removal methods in the past 6 weeks?

Shaving Waxing Electrolysis Tweezing Threading Depilatories

Which of the following areas of concern do you have regarding your skin?
(Check all that apply)

Breakouts/ acne ____	Uneven skin tone/ hyperpigmentation ____
Blackheads/ clogged pores ____	Sun damage/ sun spots ____
Excessive oil/ shine ____	Fine lines/ wrinkles ____
Rosacea ____	Dull/ dry, dehydrated skin ____
Redness/ irritation ____	Other_____

Please list ALL allergies or allergic reactions you have experienced:

Have you been exposed to the sun or tanning bed in the past 7 days?

Yes____ No____

Have you had Botox, Restylane, or Collagen injections within the past two years?

Yes____ No____

Women only:

Are you on any form of contraceptive treatment? (Oral, implant)

Yes____ No____

Are you pregnant or trying to become pregnant?

Yes____ No____

Please list **ALL** other health conditions, medications, or concerns down below

Do you consent to photos being taken for progress tracking and/ or marketing purposes?

Yes____ No____

I understand, have read and completed this questionnaire truthfully. 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 adverse results 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: _____

