FOREVERLAYN

Client Intake Form

Thank you for choosing Foreverlayn! To provide you with the best service, please fill out the following form to help us understand your skin and wellness needs.

Client Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Phone Number:** _____
- **Email:** _____
- **Address:** _____
- **Emergency Contact (Name & Phone):** _____

Skin History

1. **What are your main skincare concerns?**
   (Check all that apply)
   □ Acne/Blemishes
   □ Dryness/Dehydration
   □ Oily Skin
   □ Fine Lines/Wrinkles
   □ Hyperpigmentation/Dark Spots
   □ Redness/Sensitivity
   □ Uneven Skin Tone
   □ Other: _____
2. **What skincare products do you currently use?** _____
   (Cleanser, toner, moisturizer, treatments, etc.) _____
3. **How often do you exfoliate your skin?**
   □ Once a week
   □ Twice a week
   □ Occasionally
   □ Never
4. **Do you have any known allergies (including skincare ingredients)?**
   □ Yes □ No
   If yes, please specify: _____

5. Do you have a history of skin conditions (eczema, psoriasis, rosacea, etc.)?
   □ Yes □ No
   If yes, please specify: _____
6. Have you undergone any cosmetic procedures or treatments in the last 6 months? (Chemical peels, laser, Botox, etc.)
   □ Yes □ No
   If yes, please specify: _____
7. Are you currently pregnant or breastfeeding?
   □ Yes □ No

Health History

1. Do you have any medical conditions that we should be aware of?
   □ Yes □ No
   If yes, please specify: _____
2. Are you currently taking any medications?
   □ Yes □ No
   If yes, please specify: _____
3. Do you smoke or consume alcohol?
   □ Yes □ No

Lifestyle & Habits

1. How much water do you drink daily?
   □ Less than 1 liter
   □ 1-2 liters
   □ More than 2 liters
2. How often do you wear sunscreen?
   □ Daily
   □ Occasionally
   □ Rarely
   □ Never
3. How much stress do you experience on a regular basis?
   □ Low
   □ Moderate
   □ High

Goals & Preferences

1. What are your main goals for today's visit? _____
2. Have you received professional skincare treatments before?
   □ Yes □ No

3. **Are there any specific products, techniques, or areas of concern you'd like us to focus on?**

_____

Consent & Agreement

I understand that esthetic treatments are not a substitute for medical care and that the esthetician will provide services based on the information I have provided. I acknowledge that I should consult a physician for any medical conditions or concerns.

Client Signature: _____
Date: _____