

ESTHETICIAN CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of .
This form is used to collect information about new clients and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

CLIENT INFORMATION

Name: _____ Gender: Male Female Other

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Would you like to receive email promotions and updates? Yes No

How did you hear about us? _____

ALLERGIES & REACTIONS

Have you had any reactions to skin care products or cosmetics? Yes No

If yes, please describe: _____

Do you have any allergies? Yes No

Please list any known allergies: _____

Do you have any other health concerns we need to know about? Yes No

If yes, please describe: _____

SKIN TYPE & CONDITION

- Skin type:**
- Normal
 - Oily
 - Dry
 - Combination

What areas of concern do you have regarding your skin? (check all that apply)

- Breakouts/Acne
- Uneven skin tone
- Excessive oil/Shine
- Dull/Dry skin
- Broken capillaries
- Dehydrated
- Other: _____
- Blackheads/Whiteheads
- Sun damage
- Wrinkles/Fine lines
- Rosacea
- Redness/Ruddiness
- Sun, liver, brown spots

When you go out into the sun, do you:

- Always burn
- Sometimes burn
- Never burn
- Usually burn
- Rarely burn

SKIN CARE

Have you seen a dermatologist within the past year? Yes No

If yes, please explain: _____

Do you currently use any of the products listed below? (check all that apply)

- Accutane
- Isotretinoin
- Scrub / Peel
- Tretinoin / Avita
- Adapalene
- Renova
- Topical vitamin A
- Other: _____
- Differin
- Retin-A / Stieva-A
- Topical vitamin C

If yes, please describe:

Have you recently received Botox, Restylane, or Collagen injections? Yes No

If yes, please specify: _____

ACKNOWLEDGMENT & RELEASE

By signing this form, the client agrees to the following:

I understand, have read and completed this questionnaire truthfully and agree to inform the technician of any changes in the above information. 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 irritation 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

Signature: _____ Date: _____

Print Name: _____