



### **About Skin Spa New Client Intake Release for Skin Treatment (Facial / Waxing)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### **Allergies & Reactions**

Do you have any known allergies? ☐ Yes ☐ No

If yes, please specify:

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

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

If yes, please describe: \_\_\_\_\_

Have you ever had an allergic reaction to any of the following? ☐ Yes ☐ No *(Please check any that apply)*

☐ - Cosmetics ☐ - Food ☐ - Animals ☐ - Sunscreens ☐ - Plastic ☐ - Iodin ☐ - Pollen ☐ - AHAs

☐ - Fragrance ☐ - Shellfish ☐ - Latex ☐ - Prescription Drug(s)/Medication(s)

☐ - Other \_\_\_\_\_

If yes, please explain: \_\_\_\_\_





### Skin Type & Condition(s)

**Have you had spa treatments before?** ☐ Yes ☐ No

If yes, what was the treatment & when? Also, did you have any adverse reactions to the treatment(s)?

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**Do you have any special skin problems or concerns pertaining to your face or body?** ☐ Yes ☐ No

If yes, please specify:

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

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

☐ - Breakouts/Acne ☐ - Uneven skin tone ☐ - Excessive Oil/Shine ☐ - Dull/Dry Skin ☐ - Broken Capillaries

☐ - Dehydrated ☐ - Blackheads/Whiteheads ☐ - Sun Damage ☐ - Wrinkles/Fine Lines ☐ - Rosacea

☐ - Redness/Ruddiness ☐ - Sun, Liver, Brown Spots

☐ - Other 

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**Which of the following best describes your skin type?** *(Please check one)*

☐ - Always burns easily, never tans

☐ - Always burns, tans slightly

☐ - Burns moderately, tans gradual

☐ - Seldom burns, always tans well

☐ - Rarely burns, deep tan

☐ - Never burns, deeply pigmented

### Skin Care

**What would you like to ultimately achieve with your spa treatment(s)?** *(Please explain)*

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**What skin care products are you currently using?** *(List brands if known)*

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**What is your current skin care routine?**

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**What SPF do you use on your face?** \_\_\_\_\_ **How often/when?** \_\_\_\_\_

**What SPF do you use on your body?** \_\_\_\_\_ **How often/when?** \_\_\_\_\_

**Have you had any recent tanning bed or sun exposure that changed the color of your skin?** ☐ Yes ☐ No

If yes, please specify:

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**Have you ever had laser treatments?** ☐ Yes ☐ No

**Have you ever used acne medication(s)?** ☐ Yes ☐ No

If yes, date of last use & the medication? \_\_\_\_\_

**Have you ever had chemical peels or micro-dermabrasion treatments?** ☐ Yes ☐ No

If yes, what type of treatment did you have & when did you have it?

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**Have you recently used any self-tanning lotions, creams or treatments?** ☐ Yes ☐ No

**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?** *(Please check all that apply)*

☐ - Accutane    ☐ - Isotretinoin    ☐ - Scrub/Peel    ☐ - Tretinoin/Avita    ☐ - Adapalene    ☐ - Renova

☐ - Topical Vitamin-A    ☐ - Differin    ☐ - Retin-A/ Stieva-A    ☐ - Topical Vitamin-C

☐ - Other: \_\_\_\_\_

If yes, please describe:

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**Have you used any of the above treatments in the last three months?** ☐ Yes ☐ No

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





If yes, what type of treatment & when?

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Have you used any of the following hair removal methods in the past six weeks? ☐ Yes ☐ No

☐ - Shaving ☐ - Waxing ☐ - Electrolysis ☐ - Plucking ☐ - Tweezing ☐ - Stringing ☐ - Depilatories

What areas of concern do you have regarding your skin: (Please check any that apply)

Skin: ☐ - Breakouts/Acne ☐ - Blackheads/Whiteheads ☐ - Excessive Oil/Shine ☐ - Rosacea ☐ - Melanoma

☐ - Broken Capillaries ☐ - Redness/Ruddiness ☐ - Sun Spot/Liver Spot/Brown Spot ☐ - Uneven Skin Tone

☐ - Sun Damage ☐ - Dehydrated ☐ - Wrinkles/Fine Lines ☐ - Dull/Dry Skin ☐ - Flaky Skin ☐ - Eczema

☐ - Dermatitis ☐ - Hidradenitis Suppurativa ☐ - Pemphigus ☐ - Psoriasis ☐ - Scleroderma ☐ - Vitiligo

☐ - Other: \_\_\_\_\_

Eyes: ☐ - Dehydrated ☐ - Wrinkles ☐ - Puffiness ☐ - Dark Circles

☐ - Other: \_\_\_\_\_

Lips: ☐ - Dehydrated ☐ - Cracked/Chapped Lips

☐ - Other: \_\_\_\_\_

Does your job require you to work outdoors for extended periods of time? ☐ Yes ☐ No



Female Clients Only:

Are you currently taking oral contraceptives? ☐ Yes ☐ No

If yes, when & the medication? \_\_\_\_\_

Any recent changes to or from your contraceptive treatment? ☐ Yes ☐ No

If so, what & when? \_\_\_\_\_

Are you pregnant or trying to become pregnant? ☐ Yes ☐ No

If yes, at what stage are you currently in your pregnancy? \_\_\_\_\_

Are you currently nursing? ☐ Yes ☐ No

Are you currently experiencing menopause symptoms? ☐ Yes ☐ No

Are you undergoing any hormone replacement therapy? ☐ Yes ☐ No





If yes, please describe:

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**Male Clients Only:**

**What is your current shaving system/routine?** ☐ - Wet shave ☐ - Electric

**Do you shave:** ☐ - Daily ☐ - Every Few Days ☐ - Randomly ☐ - Weekly

☐ - Every Few Weeks ☐ - Monthly ☐ - No Shave

**Do you experience irritation from shaving?** ☐ Yes ☐ No

**Ingrown hair(s)?** ☐ Yes ☐ No

**Are you undergoing any hormone replacement therapy?** ☐ Yes ☐ No

If yes, please specify:

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**Acknowledgement**

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

- I understand, have read & completed this questionnaire truthfully & agree to inform the Esthetician of any changes in the above information. \_\_\_\_\_ (initial)
- I agree that this constitutes full disclosure, & that it supersedes any previous verbal or written disclosures.
- I understand that withholding any information or providing misinformation may result in contraindications &/or irritation to the skin from treatments received. \_\_\_\_\_ (initial)
- I understand that the treatments I receive here are voluntary & I release this **About Skin Spa** & its employees from liability & assume full responsibility thereof. \_\_\_\_\_ (initial)
- I agree that if I experience any side effects from my treatments that I will contact **About Skin Spa** & allow them to review & treat my condition to the best of their ability. If I chose to visit another provider without allowing **About Skin Spa** to first review my treatment plan than **About Skin Spa** may not be held liable for any reimbursement of care. \_\_\_\_\_ (initial)
- I understand that to keep prices low **About Skin Spa** requires a minimum of 24 hours' notice for cancellation or rescheduling. If I do not follow this policy I will be charged half ( ½ ) of the total cost of my appointment. I will not be able to book/schedule another appointment with **About Skin Spa** until my account balance is \$0.00. I understand that I will be responsible for paying all costs & expenses associated with my failure to pay any amounts owed to **About Skin Spa**, including all returned check fees, reasonable attorney fees, court costs, & any other related collection costs & expenses. \_\_\_\_\_ (initial)
- Any & all controversies, disputes or disagreements relating to or arising out of this agreement, including personal injury resulting from services received, shall be submitted to binding arbitration according to the rules & regulations of the





American Arbitration Association, & binding judgement based on the decision of the arbitrator may be entered in any court of competent jurisdiction. \_\_\_\_\_ (initial)

- I understand that **About Skin Spa** does not guarantee results or make any promises as to the effectiveness of my treatment. I understand that the required number of treatments varies for each client & for each type of treatment. I understand that **About Skin Spa** will not refund my purchase due to less than average results or because I experience side effects from treatments. \_\_\_\_\_ (initial)
- I consent to being treated with the products determined necessary by **About Skin Spa**. I have informed **About Skin Spa** of any known product & medication allergies that I may have. \_\_\_\_\_ (initial)
- I have received pre- & post-procedure instructions, & I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for acne, mood alteration or blood pressure I will immediately notify my esthetician as this could adversely affect blood flow & the healing process. \_\_\_\_\_ (initial)
- I am not using any photosensitizing drugs or products or have had the risks explained to me & given my consent to continue treatment. \_\_\_\_\_ (initial)

**Client:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Esthetician:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

