



New Client Intake Form

Today's Date: _____

Name First: _____ Last: _____

DOB: _____ Age: _____ For women, are you pregnant? YES NO

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____

Email: _____

Occupation: _____ How did you hear about us? _____

Hair Color: _____ Eye Color: _____ Ethnic Background: _____

Which Skin type are you?

Skin type	Typical features	Tanning ability
I	Pale white skin, blue/green eyes, blond/red hair	Always burns, does not tan
II	Fair skin, blue eyes	Burns easily, tans poorly
III	Darker white skin	Tans after initial burn
IV	Light brown skin	Burns minimally, tans easily
V	Brown skin	Rarely burns, tans darkly easily
VI	Dark brown or black skin	Never burns, always tans darkly

What brings you in today?

Do you have any current or chronic medical condition about which we should know? Yes. No
If yes, please specify _____

Do you take any medications, nutritional supplements or herbs? _____

Do you have any allergies to medications, foods, latex or topical lotions?

Do you or have you taken any oral isotretinoin the past year? (i.e/ Accutane, sotret, claravis, Amnesteem) _____

Do you have a history of the following?

Last outbreak (diagnosis)

Fever blisters	Yes	No	
Cold sores	Yes	No	
Herpes I	Yes	No	
Herpes II	Yes	No	
Hypo pigmentation	Yes	No	
Hyper pigmentation	Yes	No	
Keloid scarring (raised scars)	Yes	No	
Diabetes	Yes	No	
Epilepsy	Yes	No	
Cancer	Yes	No	

Have you ever had any skin treatment such as laser, microdermabrasion, chemical peel, botox, filler or other injection YES NO If yes, when was your last time _____

What skin care products are you currently using? _____

Are you happy with your products? YES NO

Have you used any topical creams such as Retin A or Retinal? YES. NO.

If yes, please specify _____

Do you have permanent make up or tattoos? _____

How would you describe your skin ___Normal ___Dry ___Oily ___Acne ___Large pores

Melasma (hormones cause pigmentation in face) Hyper pigmentation? _____

Broken capillaries _____

Any additional Comments or concerns about your skin?

Cancellation Policy

In order to provide available services to all of our customers, we ask that you please cancel your appointment with 48 business hrs. There will be a cancellation fee of \$100, if you do not cancel with this time period. _____ Initial

Client's Signature: _____

If underage, Guardian's name: _____ Signature: _____