

Skin Consult Intake Form

All information is confidential

Welcome to Mindful Skin and Body!

We are committed to providing you with exceptional services and products. Please complete the following form as thoroughly as possible to help us achieve this goal.

Name (please print) _____ DOB _____

Today's Date _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

Whom may we thank for your referral? _____

The following information is essential to optimize the results of your service:

Which concerns apply to your skin? Please check all that apply:

<input type="checkbox"/> Uneven Skin Tone	<input type="checkbox"/> Dark Spots (Hyperpigmentation)
<input type="checkbox"/> Sensitivity /Redness	<input type="checkbox"/> Fine Lines/Anti Aging
<input type="checkbox"/> Dryness	<input type="checkbox"/> Skin Laxity
<input type="checkbox"/> Acne	<input type="checkbox"/> Clogged Pores
<input type="checkbox"/> Excessive Oiliness	<input type="checkbox"/> Scarring
<input type="checkbox"/> Unwanted Hair	

Please List Other Concerns:

Please check the skincare products you currently use and their brand names:

<input type="checkbox"/> Cleanser _____	<input type="checkbox"/> Toner _____
<input type="checkbox"/> Exfoliant _____	<input type="checkbox"/> Serum _____
<input type="checkbox"/> Moisturizer/Day _____	<input type="checkbox"/> Moisturizer/Night _____
<input type="checkbox"/> Eye Cream _____	<input type="checkbox"/> SPF _____
<input type="checkbox"/> Other _____	

Please check the prescription medications you are currently using:

☐ Accutane ☐ Differin ☐ Retin-A, Renova ☐ Tazorac ☐ Antibiotics (Oral or Topical)
☐ Other Please List _____

Are you allergic to any cosmetic ingredient, medication or food?

Please List _____

In the past 30 days, please list all professional facial or dermatology services you have received (i.e. Chemical Peel, Microdermabrasion, Laser, Botox®, other cosmetic injectables, etc.):

Please take a moment to carefully read the following list of conditions and check any that have affected your health either recently or in the past:

<input type="checkbox"/> Wearing Contact Lenses.	<input type="checkbox"/> Pregnant –Which Trimester? _____
<input type="checkbox"/> Herpes Virus (i.e. cold sore, fever blister)	<input type="checkbox"/> Hormonal Therapy
<input type="checkbox"/> Skin Cancer Where/When: _____	
<input type="checkbox"/> High or Low Blood Pressure	<input type="checkbox"/> Thyroid (over or under active)
<input type="checkbox"/> Heart Condition / Pacemaker	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy or Seizures	<input type="checkbox"/> Metal implants. Location: _____
<input type="checkbox"/> Tension Headaches / Migraines	<input type="checkbox"/> Surgeries What/When? _____
<input type="checkbox"/> High level of Stress	<input type="checkbox"/> Sinus Infection
<input type="checkbox"/> Contagious Conditions _____	

Are there other services that you would you like more information about?

All of the above information is true and accurate to the best of my knowledge. I take full responsibility for alerting my Esthetician to any physical or mental condition which would affect my service or results. I understand my treatment is therapeutic in nature and will alert my Esthetician to any discomfort. (Initials: _____)

I consent to before and after photos to be taken for my file. (Initials: _____)

May use / May not be used on Social Media. (Please circle one)

Please Read and Sign:

I understand and acknowledge there are risks involved with the treatment of facials, peels, microdermabrasion, micro-needling, electrical skin treatments, and waxing. I have had the opportunity to ask questions regarding these risks and other possible complications. I understand any false or misleading information I have given may lead to undesired results and complications and hereby waive Mindful Skin and Body's and the Esthetician's liability if such results or complications occur. I further understand my failure to follow post care instructions may also lead to undesired results, complications, or effects and hereby waive Mindful Skin and Body's and the Esthetician's liability if such results or complications occur. In consideration for Mindful Skin and Body and the Esthetician performing this procedure, I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, which might occur to me while I am undergoing this procedure or side effects I may experience after the procedure is performed. I understand that the Esthetician does not diagnose illness, disease, or any other physical or mental conditions. Any sexual misconduct exhibited by the Client will result in immediate termination of the session, and the client will be liable for payment of the scheduled appointment.

Client Signature

Today's Date

Signature Parent/Guardian if under 18

Today's Date