Pure Aesthetica

Confidential Client In-Take Form (FACIAL)

Please take a moment to carefully read/fill-out the following form and sign where indicated. If you have a specific medical condition or specific symptoms, facials and/or tinting may be contraindicated.

Name: _____

Address: _____

Phone # to reach you ( ) _____ - _____ ❑ Work ❑ Cell ❑ Home

Emergency Contact: _____ ( ) _____ - _____

Email: _____ Date of Birth: _____ / _____ / _____

How did you hear about us: _____

1) Have you been under the care of a physician, dermatologist or other medical professional within the past year? ❑ Yes ❑ No

explain: _____

2) Any recent surgery, including plastic surgery? ❑ Yes ❑ No

explain: _____

3) Any skin cancer? ❑ Yes ❑ No

explain: _____

4) Please check any condition listed below that applies to you:

❑ Auto-immune (Hashimoto's, Lupus...)	❑ Arthritis	❑ HIV / AIDS	❑ Systemic Disease
❑ Cancer	❑ Diabetes	❑ Asthma	❑ Hepatitis
❑ Hormonal Imbalance	❑ Hyper / Hypo Thyroid	❑ Fever Blisters	❑ Sinus Problem
❑ Metal Pins, Plates, Pacemaker	❑ Seizure Disorder	❑ Headaches	❑ Psychological Treatment
❑ Blood Clots / Poor Circulation	❑ Heart Conditions	❑ Varicose Veins	❑ Broken Capillaries
❑ Constipation / Diarrhea	❑ Eczema	❑ Rosacea	❑ Psoriasis
❑ Hyper / Hypo Pigmentation	❑ Dermatitis	❑ Active Infection	❑ Vitiligo

5) Do you smoke? ❑ Yes ❑ No

6) Do you follow a restricted diet? ❑ Yes ❑ No

specify: _____

7) Do you follow a regular exercise program? ❑ Yes ❑ No

8) What is your stress level? ❑ High ❑ Medium ❑ Low

9) Are you currently taking any medications or supplements (prescription and non-prescription) ❑ Yes ❑ No

If yes, name(s) of medication(s): _____

_____

(Please turn over)

10) Please provide date of last use or treatment:

❑ Facial: _____ ❑ Laser Treatment:_____ ❑ Chemical/Enzyme Peel: _____

❑ Botox: _____ ❑ Fillers: _____ ❑ Permanent Makeup: _____

❑ Retin-A: _____ ❑ Retinol: _____ ❑ Hydroquinone / Bleaching Creme: _____

❑ Glycolic: _____ ❑ Salicylic: _____ ❑ Benzoyl Peroxide: _____

❑ Accutane: _____ ❑ Acne Rx: _____ ❑ Mole-Lesion Removal: _____

11) Which of the following best describes your skin type?

❑ Fitz I	Fair Complexion	Always burns easily, never tans
❑ Fitz II	Light Complexion	Always burns, tans slightly
❑ Fitz III	Light/Matte Complexion	Burns moderately, tans gradually
❑ Fitz IV	Matte Complexion	Seldom burns, always tans well
❑ Fitz V	Brown Complexion	Rarely burns, deep tan
❑ Fitz VI	Dark Brown Complexion	Never burns, deeply pigmented

12) Daily Water: _____ oz Daily Caffeine: _____ oz Weekly Alcohol: _____ oz

13) Do you experience any problems sleeping? ❑ Yes ❑ No How many hours do you sleep each night? _____

14) Do you wear contact lenses? ❑ Yes ❑ No

15) Have you been exposed to the sun or used a tanning bed in the last 48 hours? ❑ Yes ❑ No

16) Do you experience claustrophobia? ❑ Yes ❑ No

17) Have you ever had an adverse reaction after using any skin care product? (Please circle any that apply)

Rash Irritation Peeling Sun Sensitivity Breakout

18) Have you ever had an allergic reaction to any of the following? (Please circle any that apply and explain)

Cosmetics Medicine Food Animals Sunscreens Pollen AHAs

If yes, please explain: _____

Female Clients Only

19) Are you pregnant? ❑ Yes ❑ No If yes, how many weeks? _____

20) Are you lactating? ❑ Yes ❑ No

21) Any menopause challenges? ❑ Yes ❑ No

specify: _____

All Clients

I understand, have read and completed this questionnaire truthfully. 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. I am aware that it is my responsibility to inform the Pure Aesthetica skin care professional of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release Pure Aesthetica and/or the skin care professional from liability and assume full responsibility thereof. Informed written consent must be provided by parent or legal guardian for any client under the age of 18.

Client Signature: _____ Date:_____

Parent or Legal Guardian Signature: _____Date:_____