## **Client Intake & Consultation**

Name:				Date of Birth:	
	E-Mail:				
Emergency Contact:				Telephone: ()_	
	cerns:				
• •	al/Combo □ Oily □ ou currently using?				
	ou currently using:				
	are you currently using?				
	le require that you work/pla				
Do you wax your facial sk	kin on a regular basis? ☐ Ye	s $\square$ No If yes, when	was the last time	?	
Have you ever had facials If yes, was it within the la	s, chemical peels, microderm st month?	nabrasion or any resurf	acing treatments	? □ Yes □ No	
Are you using Retin-A?	□ Yes □ No <b>Are you us</b> in	ig Benzoyl Peroxide? □	Yes □ No		
Do you have any allergies	s or sensitivities?				
	ed a reaction to any of the fo □ iodine (shellfish) □ latex	_	□ animals □ fra	grance □alpha hydrox	y acids □ sunscreens
Do you have any of the b	elow health issues?:				
Cancer?	☐ Yes ☐ No	Chemotherapy?		☐ Yes ☐ No	
Circulatory issues?	☐ Yes ☐ No	High blood pressure	?	☐ Yes ☐ No	
Arthritis?	☐ Yes ☐ No	Hysterectomy?		☐ Yes ☐ No	
Hormonal imbalances?	☐ Yes ☐ No	Thyroid?		☐ Yes ☐ No	
Diabetes?	☐ Yes ☐ No	Pregnant?		☐ Yes ☐ No	
Lactating?	☐ Yes ☐ No	Planning to be pregr	ant?	☐ Yes ☐ No	
Psoriasis?	☐ Yes ☐ No	Recent surgeries?		☐ Yes ☐ No	
Cold Sores?	☐ Yes ☐ No	Eczema?		☐ Yes ☐ No	
Do you take any medicat	ions?				
Accutane? ☐ Yes ☐ No	Antibiotics? ☐ Yes ☐ No	Birth Control? ☐ Yes	□No		
result in contraindication	ed this questionnaire truthfons and/or irritation to the sk an care professional from liab	rin from treatments red			-

\_\_\_\_\_Date:\_\_\_\_\_

Signature: