

Marinas Skin Esthetics

client intake form

Name _____

Gender Female Male Other

Address _____

Emergency contact _____

Phone _____

Emergency contact Phone _____

Email _____

****Please answer the questions below.**

How did you learn about us? _____

Have you received a facial before? Yes No

What did you like/dislike about the facial? _____

Are you on any medication? Yes No If yes, which ones _____

Do you exercise? Yes No If yes, how many times per week? _____

Allegies & Reactions

Have you had any reactions to skin care products or cosmetics? Yes No

If yes, please describe: _____

Do you have any allergies? Yes No

Please list any known allergies: _____

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

If yes, please describe: _____

Skin Type & Condition

- Skin type: Normal
 Oily
 Dry
 Combination

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

- | | |
|--|--|
| <input type="checkbox"/> - Breakouts/Acne | <input type="checkbox"/> - Blackheads/Whiteheads |
| <input type="checkbox"/> - Uneven skin tone | <input type="checkbox"/> - Sun damage |
| <input type="checkbox"/> - Excessive oil/Shine | <input type="checkbox"/> - Wrinkles/Fine lines |
| <input type="checkbox"/> - Dull/Dry skin | <input type="checkbox"/> - Rosacea |
| <input type="checkbox"/> - Broken capillaries | <input type="checkbox"/> - Redness/Ruddiness |
| <input type="checkbox"/> - Dehydrated | <input type="checkbox"/> - Sun, liver, brown spots |

- Other: _____

When you go out into the sun, do you:

- Always burn - Sometimes burn - Never burn - Usually burn - Rarely burn

Skin Care

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? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> - Accutane | <input type="checkbox"/> - Isotretinoin | <input type="checkbox"/> - Scrub / Peel |
| <input type="checkbox"/> - Tretinoin / Avita | <input type="checkbox"/> - Adapalene | <input type="checkbox"/> - Renova |
| <input type="checkbox"/> - Topical vitamin A | <input type="checkbox"/> - Differin | <input type="checkbox"/> - Retin-A / Stieva-A |
| <input type="checkbox"/> - Topical vitamin C | <input type="checkbox"/> - Other _____ | |

If yes, please describe: _____

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

If yes, please specify: _____

ACKNOWLEDGMENT & RELEASE

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

I understand, have read and completed this questionnaire truthfully and agree to inform the technician of any changes in the above information. 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. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Signature: _____ Date: _____

Print Name: _____