



### CLIENT INTAKE FORM

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_ Occupation: \_\_\_\_\_

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**Please take a moment to correctly answer all the following questions with Yes or No.**

Are you currently under a physician's care for any skin condition or other problems? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Are you currently taking any medications: If so, please list? \_\_\_\_\_

Do you take birth control? \_\_\_\_\_

Do you often experience stress? \_\_\_\_\_

Do you have any allergies to Hyaluronic acid, lidocaine, or any local topical anesthesia? If so, please list.

Are you currently taking Differin, Retinol-A, Beta and Alpha Hydroxy Acids, or Accutane? \_\_\_\_\_

What skin care products do you currently use? \_\_\_\_\_

Do you have any current medical health conditions: (diabetes, cardiac problems, depression, herpes, anxiety, epilepsy, or any skin diseases)? If yes, please list \_\_\_\_\_

Please indicate your skin type (normal, oily, dry, combination, or sensitive). \_\_\_\_\_

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**Cancellations: No Call/No Show**

We request a minimum of 24-hour notice for cancellations of any scheduled appointments in efforts to provide effective and efficient treatment to all our clients. A \$100 payment will be rendered from the credit/debit card on file if appointment is not cancelled within 24 hours prior to scheduled appointment.

Late arrivals may result in cancelled service.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_