



Skin Care Intake

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell: _____ circle preferred (H) or (C)

Email: _____

Emergency Contact: _____ Phone: _____

Referred By: _____

Have you had a facial before? **Y** **N**

If yes, approximately how long ago was your last session? _____

For women, are you pregnant? **Y** **N**

If so, how many weeks? _____

Are you on any medications? **Y** **N**

Please indicate: _____

Within the last year, have you been under a physician's care? **Y** **N**

Please explain: _____

Within the last year, have you been under a dermatologist's care? **Y** **N**

Please explain: _____

Within the last 9 months, have you undergone any surgery? **Y** **N**

Please explain: _____

Do you have any known allergies? **Y** **N**

Please explain: _____

Please indicate if you've had any recent injections or surgery: _____

PLEASE CIRCLE IF YOU HAVE, OR HAVE A HISTORY OF THE FOLLOWING:

Cancer Diabetes Epilepsy Heart Problems Hysterectomy
Thyroid Condition Varicose Veins Systemic Disease Spinal Injury
Hormone Imbalance Hepatitis High/ Low Blood Pressure Autoimmune Disorder

Please explain: _____

Do you have any skin problems or concerns? **Y** **N**

Please explain: _____

Have you experienced any product reactions in the past? **Y** **N**

Please explain: _____

Do you have the tendency towards redness/ irritation? **Y** **N**

Please explain: _____

Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/ Vitamin A derivative products? **Y** **N**

Please explain: _____

Which skincare products do you currently use? _____

Have you ever had a chemical peel, laser, microdermabrasion or any resurfacing treatments?

Please explain: _____

If I experience any pain or discomfort during this session, I agree to immediately inform the esthetician so that the session can be adjusted to my level of comfort. I understand that esthetics should not be considered a substitute for medical examination and diagnosis and that I should seek the guidance of a qualified physician for any physical or mental ailment that concerns me. Because esthetics should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions and answered all the questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I neglect to do so.

Signature: _____ Date: _____

Parental Guardian (if under 18): _____ Date: _____