FACIAL TREATMENT
client intake form

CLIENT INFORMATION:

Name: Date:

Date of birth: Age:

Address:

City: Postal Code:

Email Address:

Phone: Emergency Contact:

MEDICAL HISTORY

Please mark any of the following conditions you may currently have.

- ○ Acne
- ○ Autoimmune disorders
- ○ Cold sores or fever blisters
- ○ COPD
- ○ Cancer
- ○ Diabetes
- ○ Dermatitis
- ○ Eczema
- ○ Epilepsy
- ○ Glaucoma
- ○ Heart disease
- ○ High Blood Pressure
- ○ Hepatitis B or C
- ○ Herpes simplex
- ○ Hemophilia
- ○ HIV/AIDS
- ○ Keloids or hypertrophic scars
- ○ Migraines
- ○ Psoriasis
- ○ Rosacea
- ○ Skin infections
- ○ Seborrheic
- ○ Tinea
- ○ Urticaria (Hives)
- ○ Warts
- ○ Other _____

CLIENT SKIN CONCERNS

What are your main skin concerns?

- ○ Acne, Breakouts
- ○ Blackheads
- ○ Dry skin
- ○ Oily skin
- ○ Dull skin
- ○ Dehydrated skin
- ○ Fine lines and wrinkles
- ○ Dark circles under the eyes
- ○ Hyperpigmentation (dark spots)
- ○ Sun damage
- ○ Age spots
- ○ Melasma
- ○ Scars
- ○ Keratosis pilaris
- ○ Ingrown hairs
- ○ Razor burn
- ○ Rosacea
- ○ Eczema
- ○ Enlarged pores
- ○ Skin redness
- ○ Under-eye puffiness
- ○ Uneven skin tone
- ○ Uneven skin texture
- ○ Premature aging
- ○ Psoriasis
- ○ Whiteheads
- ○ Excessive facial hair

YOUR SKIN TYPE

What is your skin type?

- ○ Normal skin
- ○ Dry skin
- ○ Oily skin
- ○ Combination skin
- ○ Sensitive skin
- ○ Acne-prone skin
- ○ Aging skin
- ○ Dehydrated skin
- ○ Rosacea-prone skin
- ○ Sun-damaged skin
- ○ Hyper pigmented skin
- ○ Psoriasis-prone skin

YOUR SKINCARE ROUTINE

What is your skin routine?

- ○ Foam Cleanser
- ○ Gel Cleanser
- ○ Makeup Remover
- ○ Toner
- ○ Moisturiser
- ○ Eye Cream
- ○ Sunscreen
- ○ Face mask
- ○ Exfoliant
- ○ Serum
- ○ Spot Treatment
- ○ Facial Oil

SKIN CARE HISTORY

Have you ever had an allergic reaction to any of the following?

- ○ Cosmetics
- ○ Medication
- ○ Food
- ○ Animals
- ○ Sunscreen
- ○ Iodine
- ○ Pollen
- ○ Skin Products
- ○ Essential Oils
- ○ Nuts
- ○ Alpha Hydroxy Acids
- ○ Fragrance
- ○ Zinc
- ○ Latex
- ○ Aspirin
- ○ Other

If yes to any of the above, please explain

.....

Are you taking any medications, vitamins, including over-the-counter or prescription drugs?

○ Yes ○ No .....

Have you experienced Botox, Restylane or Collagen injections?

○ Yes ○ No .....

Within the last nine months, have you undergone any surgery or plastic surgery?

○ Yes ○ No .....

How much time do you spend in the sun, and what is your level of sun protection?

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What are your expectations and goals for the treatment?

.....

Are you currently using any products that contain the following ingredients?

- ○ Glycolic acid
- ○ Acetic acid
- ○ Any exfoliating scrub
- ○ Any hydroxy acid product
- ○ Vitamin A derivatives (i.e. retinol)
- ○ Renova

Have you recently received any of the following treatment?

- ○ Microdermabrasion
- ○ Chemical Peel
- ○ Lash Tint
- ○ Brow Tint
- ○ Micro Needling
- ○ Facial Waxing

YOUR HEALTH

Have you used or been prescribed any medications (topical or oral) for acne / acne control?

○ Yes ○ No .....

Do you drink more than 4 caffeinated beverages a day? (tea, coffee, soda, energy drinks)

○ Yes ○ No .....

Have you ever experienced claustrophobia?

○ Yes ○ No .....

FEMALE CLIENTS

Are you taking birth control?

○ Yes ○ No .....

Are you pregnant or trying to become pregnant?

○ Yes ○ No .....

Are you undergoing any hormone replacement therapy?

○ Yes ○ No .....

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. The treatments I receive here are voluntary and I release this skin care professional from liability and assume full responsibility thereof.

Client Printed Name	Clients Signature	Date
Estheticain Name	Esthetician Signature	Date

CLIENT CONSENT

client intake form

I hereby consent to and authorize my esthetician to perform the following procedure:

Procedure

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved, by

Esthetician

While it is not possible to list every risk and complication, I have been made aware of the potential benefits, risks, and complications. Moreover, I understand that there are no certain outcomes and that individual results may rely on factors such as age, skin condition, and lifestyle. There is also a possibility that I may need further treatments on the treated areas to achieve the desired outcomes, at an additional expense.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician immediately.
I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.

I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today. The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, post procedure after care.

I have read the information and recorded my medical history accurately. For future services, I agree to inform my esthetician of any changes in my medical status.

I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the procedure described above.

Client Printed Name	Clients Signature	Date
Estheticain Name	Esthetician Signature	Date