

## Esthetics Intake Form

### Personal Information

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

DOB \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Conditions you are currently experiencing today (Please select all that apply):

Headache Inflammation Muscle Cramps Anxiety Fatigue Insomnia Stress Forgetfulness

Which aroma(s) do you prefer? (Please select all that apply)

Lavender Citrus Geranium Peppermint Lemongrass Patchouli Eucalyptus Frankincense

### Esthetics Information

What type of skin do you have?

Normal Oily Dry Combination

What areas of concern do you have regarding your skin?

Breakouts/Acne	Blackheads/Whiteheads	Uneven Skin Tone	Sun Damage
Excessive Oil/Shine	Wrinkles/Fine Lines	Dull/Dry Skin	Rosacea
Broken Capillaries	Redness/Ruddiness	Dehydrated	Sun, Liver, Brown Spots

Other: \_\_\_\_\_

Have you been under the care of a dermatologist within the past year?      yes      no

If yes, please explain \_\_\_\_\_

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

Cosmetics	Medicine	Food	Animals	Sunscreen	Drugs
Iodine	Pollen	AHAs	Fragrance	Shellfish	Latex

Other: \_\_\_\_\_

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinol/Vitamin A derivative products?

If yes please describe: \_\_\_\_\_

Have you received Botox, Restylane, or Collagen injections in the last 6 months?      yes      no

If yes, please specify: \_\_\_\_\_

By signing below, you agree to the following:

*I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.*

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**