

Facial Intake Form - Confidential Information

Welcome! My goal is to provide you with the very best service possible. If at any time you have questions regarding your session, or need anything to make your session more pleasant, please do not hesitate to let me know. Thank you for the opportunity to work with you today.

Date: _____ Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Occupation: _____

Referred by:

What would you like to achieve from your treatment today?

Your Skin Care:

Have you ever had a facial treatment before? No/ Yes, when?

Have you ever had a body spa treatment before? No/Yes, when?

Massage: No/Yes What type? (Swedish, deep tissue etc) _____

when? _____

Which of the following best describes your skin type? (Please circle one type number)

- I. Creamy complexion, Always burns easily, never tans
- II. Light Complexion, Always burns, tans slightly
- III. Light/Matte Complexion, Burns moderately, tans gradually
- IV. Matte Complexion, Seldom burns, always tans well
- V. Brown Complexion, Rarely burns, deep tan
- VI. Black Complexion, Never burns, deeply pigmented

Do you have any special skin problems or concerns pertaining to your face or body?

Yes/ No specify: _____

Have you ever had chemical peels, laser or microdermabrasion? No/ Yes In the last month? No/ Yes

Do you use Retin-A, Renova, Adapalene or Retinol/vitamin A derivative products? No/Yes
Frequency: _____

Have you used any of the following hair removal methods in the past two weeks?
No/ Yes / Circle all that apply. Shaving, Waxing, Electrolysis. Plucking, Tweezing,
Threading, Depilatories

When: _____

What areas of concern do you have: (Please check any that apply and explain)

Eyes: dehydrated, wrinkles, puffiness, dark circles

Lips: dehydrated, cracked, chapped

Skin: excessive oil/shine, rosacea, broken capillaries, redness/ruddiness, sun spot/liver
spot/brown spot, uneven skin tone, sun damage, wrinkles/fine lines, dull/dry skin, flaky
skin, dehydrated skin, blackheads, whiteheads, break outs

Other: _____

Have you ever had an allergic reaction to any of the following? (Please check any that
apply and explain) If yes, please explain:

Soap _____	Toner _____
Mask _____	Eye Product _____
Cleanser _____	Day Moisturizer _____
Exfoliator _____	Scrubs _____
Shower Gels _____	Body Lotions _____
Sunscreen _____	SPF _____
Night Moisturizer/Cream _____	Makeup Products _____
AHAs/Anti-aging products: _____	Other _____

Have you had any recent tanning bed or sun exposure that changed the color of your
skin? No/ Yes

Have you experienced Botox, Restylane or Collagen injections? No/ Yes When?

Female Clients Only:

Are you taking oral contraceptives? No/ Yes

Are you pregnant or trying to become pregnant? No/Yes Are you lactating? No/Yes

Are you undergoing any hormone replacement therapy? No /Yes

Male Clients Only:

What is your current shaving system? Wet shave/Electric

Do you experience irritation from shaving? No/Yes

Ingrown hairs? No/Yes

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that
the pressure, strokes, products may be adjusted to my level of comfort. I further understand that
massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or

treatment and that I should see a physician, chiropractor, dermatologist or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all 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 fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care. 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 institution and/or professional from liability and assume full responsibility thereof.

Client Signature: _____ Date: _____