

*Skin Care & Makeup
Client Intake Form
B Styling, LLC*

Name:

Address:

City:

State:

Zip:

Phone:

Email:

1. When was your last facial?

2. What is your main concern(s) with your skin?

3. Are you presently under a physician's care for any current skin condition?

Yes No

If so, please explain

4. Are you pregnant? Yes No or Nursing? Yes No

5. Are you now using, or have you ever used Accutane? *If no longer using, how long ago?

Yes No

No If so, please list: _____ No

6. Do you use a Retin-A, Renova, AHA or Retinol derivative products?

If yes, please specify:

Used in the last 3 months?

If yes, how long ago?

7. Are you presently taking any medications? Yes

8. Do you have or have you had skin cancer? Yes

9. Check all that may apply to you.

Eczema Immune Disorders Lupus Hepatitis Herpes Fever blisters Epilepsy
High Blood Pressure

10. Do you have any allergies to cosmetics, food, or drugs? Yes No Please list:

11. Please check if you are affected by or have any of the following: Asthma Sinus

12. Are you allergic to any of the following: * If so, please circle

Aspirin - Iodine - Any Essential Oils - Lavender - Rose - Eucalyptus - Coconut

(Next Pg.)

13. What skin care products are you currently using? (List brand where known)

Face Soap/Cleanser:

Toner:

Day moisturizer, SPF?:

Exfoliator/Scrub:

Mask:

Eye Product:

Other:

14. What areas of concern do you have regarding your skin? (Check all that apply)

Breakouts/acne

Blackheads/Whiteheads

Excessive Oil/Shine

Dryness

15. What is your main goal for your Skin/MakeUp service?

CANCELLATION & LATE ARRIVAL POLICY – We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be cancelled at least 24 hours in advance if possible. Our staff wants to be available for your needs and the needs of all our clients. When a client does not show up for a scheduled appointment, another client loses an opportunity to be seen and the Stylist/Artist loses the opportunity to make income. Although we have always had a cancellation policy, circumstances have caused us to enforce a policy of charging for No-Show appointments, and those appointments not cancelled at least the day before your scheduled appointment. We do thank you for being a valued client; and for your understanding and cooperation as we implement this policy.

*Initial

Thank you for taking the time to complete this form. Please sign below to indicate you have answered all questions yourself, and the answers are truthful.

ClientSignature: _____

Date: _____

*Consent to Treatment of Minor: By my signature below, I hereby authorize B Styling, a licensed professional, to provide services for my child or dependent as they deem necessary.

Date:

Signature of Parent or Guardian

Print Name

Contact Number: