

**Facial Intake Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F Birthday:\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_Zip: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your top 3 skin concerns, currently?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History: Pregnant: Y or N Breastfeeding: Y or N Do you Smoke: Y or N

Health Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Past Surgeries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been diagnosed with cancer? Y or N Date of last Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prescription Topicals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (include aspirin/iodine): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your skin: (circle all that apply) Dry Oily Normal Combination Sensitive

What is your skin care routine: Cleanser Toners Serums Moisturizer Masks Sunscreen

I certify that I am 18 years or older and that I have stated all health history and health concerns above. If I experience any pain or discomfort during the session, I will inform the practitioner to ensure the problem can be addressed. I understand that certain health history may be a contradiction for a particular spa treatment listed on the spa menu and therefore may disqualify me for those treatments. I release my therapist, esthetician, and Elements Day Spa from any liability due to the treatment or products used. I also understand that any illicit or sexually suggestive remarks or behavior will result in the immediate termination of the session, and I will be held liable for the full payment of the scheduled treatment.

Add on Options (these options will not change the length of your appointment)

\_\_\_Hand or Foot Paraffin - $20.00 for one, or $35.00 for both (please circle one or both)

\_\_\_Hand or Foot Scrub - $15.00 for one, or $20.00 for both (please circle one or both)

Any previous treatments:

Facials: Y or N Last Treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Microdermabrasion: Y or N Last Treatment:\_\_\_\_\_\_\_\_\_

Chemical peels: Y or N Last Treatment: \_\_\_\_\_\_\_\_ Waxing: Y or N Last Treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tanning: Y or N Last Treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laser Therapy: Y or N Last Treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Massage: Y or N Last Treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred pressure: Light Medium Deep

Any complications to any treatments in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_