

Client Intake Form



Date _____

Client Information

Name: _____ Gender: M F Age: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Preferred contact number: _____ Email: _____

May we leave a message if we do not reach you personally? Yes No

What are your top 3 skin concerns at this time?

1. _____ 2. _____ 3. _____

Medical History:

Pregnant? Yes No Maybe N/A Breastfeeding? Yes No N/A Do you Smoke? Yes No
Health conditions: _____
Past Surgeries: _____
Have you ever been diagnosed with Cancer? No Yes: Date of last treatment: _____
Current Medications: _____
Prescription Topicals: _____
Allergies (include aspirin/iodine): _____

Previous Treatments:

Facials: Yes No Last treatment: _____ Any complications? _____
Microdermabrasion: Yes No Last treatment: _____ Any complications? _____
Chemical Peels: Yes No Last treatment: _____ Any complications? _____
Waxing: Yes No Last treatment: _____ Any complications? _____
Tanning: Yes No Last treatment: _____ Any complications? _____
Laser Therapy: Yes No Last treatment: _____ Any Complications? _____
Massage: Yes No Last treatment: _____ Preferred Pressure: Light Medium Deep

Skin Conditions: (please circle the items below that pertain to you)

Skin Infection	Herpes (cold sores)	Keloids/Excessive Scarring	Sun Sensitivity
Skin Cancer	Poor Healing	Tattoos/Permanent Makeup	Easy Bruising
Eczema	Psoriasis	Lymph Nodes Removed	Diabetes

Other: _____

Skincare: What type of skin do you feel you have? Dry Oily Normal Combination Sensitive

What is your skin routine? (Indicate any cleansers, toners, serums, moisturizers, masks, sunscreens, etc.)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

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

____ Hand or Foot Paraffin - \$15 for one or \$25 for both (please circle one or both)

____ Hand or Foot Scrub - \$10 for one or \$15 for both (please circle one or both)

Signature: _____ Date: _____

