handcrafted therapy

FACIAL INTAKE FORM

Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Occupation: _____

Email: _____ Referred by: _____

Emergency contact name: _____ Emergency contact phone: _____

Physician's contact name: _____ Physician's contact phone: _____

List all medications: _____

What would you like to achieve from your services today? _____

Have you ever had a professional facial before? yes ___ no ___

If yes, what types of facials have you had (microderm, peel, deep clean, alpha-hydroxy, etc.):

_____

Frequency of facials: _____ Last facial: _____

Problems or concerns pertaining to your face: _____

Have you ever had chemical peels, laser or microdermabrasion? yes ___ no ___

In the last month? yes ___ no ___

Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A products? yes ___ no ___

If yes, which ones? _____ In the last 3 months? yes ___ no ___

What type of products do you use?

Acne _____ Soap _____

Toner _____ Cleanser _____

Eye product _____ Day moisturizer _____

Night moisturizer _____ Exfoliator _____

Scrubs _____ Makeup _____

SPF _____ Other _____

Have you recently used any self-tanning products? yes ___ no___

Please check all areas of concern that you have:

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Skin:

Breakouts/acne	☐	Uneven skin tone	☐
Blackheads/whiteheads	☐	Sun damage	☐
Excessive oil/shine	☐	Wrinkles/fine lines	☐
Rosacea	☐	Dull/dry skin	☐
Broken capillaries	☐	Flaky skin	☐
Redness/ruddiness	☐	Dehydrated	☐
Sun spot/liver spot/brown spot	☐	Other _____	

Eyes:

Dehydrated ☐ Wrinkles ☐ Puffiness ☐ Dark circles ☐ Other _____

Lips:

Dehydrated ☐ Cracked/chapped ☐ Other _____

Please list all allergies: _____

Have you experienced Botox, Restylane or Collagen injections: yes ___ no ___

If yes, please specify: _____

I confirm that the information that I have provided is accurate and complete to the best of my knowledge. I have not withheld any information that may be relevant to my treatment and/or the results thereof. I am aware that there is often inherent risks associated with skin care services, and the services I am about to receive may cause redness, hyperpigmentation or pimples and these are all normal reactions.

By signing below, I agree that I will not hold Handcrafted Therapy or its employees responsible should there be any unfavorable outcome or result.

Signature: _____ Date: _____

Signature of parent/guardian if client is a minor: _____ Date: _____