



Amazing FACIALS SPA

Regain Your Happy Place in Life !!!

File No.: _____
: _____ -_MM/DD/YYYY -xx.xx am/pm

ESTHETICIAN CLIENT INTAKE FORM

美容师客户初诊登记表

Disclaimer: Thank you for your interest in being a client of Amazing FACIALS SPA. This form is used to collect information about new clients and used for internal purposes only. The information that you provide is highly confidential and will be treated accordingly.

CLIENT INFORMATION

Name: _____ Gender: Male Female Other

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Would you like to receive email promotions and updates? Yes No

How did you hear about us? _____

ALLERGIES & REACTIONS

Have you had any reactions to skin care products or cosmetics? Yes No

If yes, please describe: _____

Do you have any allergies? Yes No

Please list any known allergies: _____

Do you have any other health concerns we need to know about? Yes No

If yes, please describe: _____

SKIN TYPE & CONDITION

- Skin type:**
- Normal
 - Oily
 - Dry
 - Combination

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

- | | |
|--|--|
| <input type="checkbox"/> - Breakouts/Acne | <input type="checkbox"/> - Blackheads/Whiteheads |
| <input type="checkbox"/> - Uneven skin tone | <input type="checkbox"/> - Sun damage |
| <input type="checkbox"/> - Excessive oil/Shine | <input type="checkbox"/> - Wrinkles/Fine lines |
| <input type="checkbox"/> - Dull/Dry skin | <input type="checkbox"/> - Rosacea |
| <input type="checkbox"/> - Broken capillaries | <input type="checkbox"/> - Redness/Ruddiness |
| <input type="checkbox"/> - Dehydrated | <input type="checkbox"/> - Sun, liver, brown spots |
| <input type="checkbox"/> - Other: _____ | |

When you go out into the sun, do you:

- | | |
|---|---|
| <input type="checkbox"/> - Always burn | <input type="checkbox"/> - Usually burn |
| <input type="checkbox"/> - Sometimes burn | <input type="checkbox"/> - Rarely burn |
| <input type="checkbox"/> - Never burn | Do you use sunscreen? <input type="checkbox"/> Yes <input type="checkbox"/> No |

SKIN CARE

Have you seen a dermatologist within the past year? Yes No

If yes, please explain: _____

Do you currently use any of the products listed below? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> - Accutane | <input type="checkbox"/> - Adapalene | <input type="checkbox"/> - Differin |
| <input type="checkbox"/> - Isotretinoin | <input type="checkbox"/> - Renova | <input type="checkbox"/> - Retin-A / Stieva-A |
| <input type="checkbox"/> - Scrub/Peel | <input type="checkbox"/> - Topical vitamin A | <input type="checkbox"/> - Topical vitamin C |
| <input type="checkbox"/> - Tretinoin / Avita | <input type="checkbox"/> - Other: _____ | |

If yes, please describe frequency of each item checked: _____

Have you recently received Botox, Restylane, or Collagen injections? Yes No

If yes, please be as specific as possible: _____

Please Note: we do not use any form of laser, chemical peels, microdermabrasion, dermabrasion, or any form of micro-needling procedures.

PERSONAL HABITS THAT MAY AFFECT YOUR SKIN CARE NEEDS

Do you use tobacco products? Yes No

If yes, please explain, how much per day: _____

Do you drink alcoholic beverages? Yes No

If yes, please explain, how many drinks per day: _____

ACKNOWLEDGMENT & RELEASE

By signing this form, the client agrees to the following:

I, the undersigned, understand, have read, and completed this intake form truthfully and agree to inform the technician of any changes in the above information. 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 skin care professional from any liability and assume full responsibility thereof.

CLIENT SIGNATURE

Signature: _____

Date: _____

Print Name: _____