SKINCARE INTAKE

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone: Home _____ Cell _____Work_____

Birthday _____ Age _____

How did you hear about us? (If a friend, please give us their name so we can thank them!)

Your Skin

Do you have any special skin problems pertaining to your face or body? yes no

If yes, please specify: _____

Have you ever had problems with wax products? yes no

If yes, please specify: _____

Do you experience oily shine? yes no Do you experience skin breakouts? yes no

Do you have a tendency toward redness? yes no

What are your skin care goals? _____

Exfoliation History

Have you had a chemical peel, microderm, or any resurfacing treatment in the last month? yes no

Do you use Accutane, Retin A, Renova, or any other prescription skin products? yes no

Are you currently using any products that contain the following ingredients?

glycolic acid lactic acid exfoliating scrub hydroxy acid vitamin a derivatives

Sun Exposure

What spf sunscreen do you use on your face?____body?____

Do you sunbathe or use tanning beds? yes no

Allergies

Have you ever had an allergy to nuts? _____

Have you ever had a reaction or an allergy to any of the following?

cosmetics *medicine* *iodine* *waxing products* *wheat* *algae extract*

Do you have allergies to anything not listed above? _____

_____

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Your Health

Within the last year, have you been under a physician's care? yes no

If yes, please specify: _____

List any prescription or over-the-counter medications, supplements, vitamins, etc., taken regularly: _____

_____

Do you smoke? yes no Do you wear contact lenses? yes no

Do you have metal implants, a pacemaker or body piercing? yes no

Female Clients Only

Are you taking oral contraception? yes no

Are you pregnant or trying to become pregnant? yes no

Are you lactating? yes no

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. **Please Note**: Accutane, Retin A, Renova and anitbiotics can cause your skin to thin. Waxing and using exfoliants while using these products can tear and could result in scaring. Please do not withhold this Information when asked by your skincare therapist.

Client Signature _____ **Date** _____

This intake form is to correctly evaluate your special skin care needs. This information is confidential and may be disclosed only to staff members, risk or quality improvement personnel to assess the quality of care and will not be passed on to a third party.