# Client Intake & Consultation

**Name:** _____ **Date of Birth:** ____/____/____

**Address:** _____

**Telephone:** (____)_____ **E-Mail:** _____ Okay to e-mail? ☐ Yes ☐ No

**Emergency Contact:** _____ **Telephone:** (____)_____

Your Skin Goals and Concerns: _____

_____

_____

Your Skin Type: ☐ Normal/Combo ☐ Oily ☐ Sensitive ☐ Dry ☐ Mild Acne ☐ Moderate Acne ☐ Mature & Aging

What skin products are you currently using? _____

_____

_____

What makeup products are you currently using? _____

_____

Does your job and lifestyle require that you work/play outdoors? _____

Do you wax your facial skin on a regular basis? ☐ Yes ☐ No If yes, when was the last time? _____

Have you ever had facials, chemical peels, microdermabrasion or any resurfacing treatments? ☐ Yes ☐ No
If yes, was it within the last month? ☐ Yes ☐ No

Are you using Retin-A? ☐ Yes ☐ No Are you using Benzoyl Peroxide? ☐ Yes ☐ No

Do you have any allergies or sensitivities? _____

Have you ever experienced a reaction to any of the following?
☐ cosmetics ☐ medicine ☐ iodine (shellfish) ☐ latex ☐ pollen ☐ food/fruit ☐ animals ☐ fragrance ☐ alpha hydroxy acids ☐ sunscreens

Do you have any of the below health issues?:

| | | | |
|---|---|---|---|
| Cancer? | ☐ Yes ☐ No | Chemotherapy? | ☐ Yes ☐ No |
| Circulatory issues? | ☐ Yes ☐ No | High blood pressure? | ☐ Yes ☐ No |
| Arthritis? | ☐ Yes ☐ No | Hysterectomy? | ☐ Yes ☐ No |
| Hormonal imbalances? | ☐ Yes ☐ No | Thyroid? | ☐ Yes ☐ No |
| Diabetes? | ☐ Yes ☐ No | Pregnant? | ☐ Yes ☐ No |
| Lactating? | ☐ Yes ☐ No | Planning to be pregnant? | ☐ Yes ☐ No |
| Psoriasis? | ☐ Yes ☐ No | Recent surgeries? | ☐ Yes ☐ No |
| Cold Sores? | ☐ Yes ☐ No | Eczema? | ☐ Yes ☐ No |

Do you take any medications? _____
Accutane? ☐ Yes ☐ No Antibiotics? ☐ Yes ☐ No Birth Control? ☐ Yes ☐ No

***I have read and completed this questionnaire truthfully. 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 are voluntary and I release the company and/or skin care professional from liability.***