

# Esthetics Intake Form

## Personal Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ (evening) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Primary Physician \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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## Esthetics Information

What type of skin do you have?

Normal       Oily       Dry       Combination

What areas of concern do you have regarding your skin?

Breakouts/Acne       Blackheads       Uneven Skin Tone       Sun Damage  
 Excessive Oil/Shine       Wrinkles/Fine lines       Dull/Dry Skin       Rosacea  
 Broken Capillaries       Redness/Ruddiness       Dehydrated       Sun, Liver, Brown Spots  
 Clogged Pores       Other \_\_\_\_\_

Have you been under the care of a dermatologist within the past year?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever had an allergic reaction to any of the following?

Cosmetics       Medicine       Food       Animals       Sunscreen       Sun Damage  
 Drugs       Iodine       Pollen       AHA's       Fragrance       Shellfish  
 Latex      Other: \_\_\_\_\_

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinal/Vitamin A derivative products? If yes, please describe: \_\_\_\_\_

Have you received Botox, Restylane, or Collagen injections in the last 6 months?

If yes, please describe: \_\_\_\_\_

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By Signing below, you agree to the following:

*I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any conditions that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities towards my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Esthetician Signature

\_\_\_\_\_  
Date