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| Facial Client Intake Form |
| **Personal Information** |
| Name: |  |  |  |
| Address: |  |
| City: |  | State: |  | Zip: |
| Cell Phone: |  | Cell Phone Carrier: |  |
| DOB: |  | Email: |  |
|  **History** |
| Do you have any health problems or concerns that we need to be aware of before treatment? If yes, please describe. |
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| What are you skin concerns and challenges? |
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| Do you have any allergies we should be aware of? If yes, please describe.  |
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| Are you currently under a physician’s care for any skin condition? If yes, please describe. |
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| Have you ever had an adverse reaction to a cosmetic product or ingredient? If yes, please describe. |
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| Have you ever had an adverse reaction to a skin care treatment? If yes, please describe.  |
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|  **Please check the box next to any of that items that apply to you.** |
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|  |  | Currently wearing contact lenses |  | Pregnant (Due Date: \_\_\_\_\_\_\_\_\_\_\_\_) |
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|  |  | Pacemakers/Pins in Bones |  | Recent surgery on face, neck, and/or shoulders |
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|  |  | Had a chemical peel in the last 6 months |  | Currently taking Accutane or in the last year |
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|  |  | Are you currently, or have you used Retin-A/Renova, or any alpha-hydroxy acids within the past 3 months? |
| High frequency should not be used on clients with the following conditions: couperose skin, inflamed areas, pacemakers, heart problems, high blood pressure, braces, epilepsy, and/or pregnant.Please check here if you have any of the conditions listed in the sentence above. \_\_\_\_\_\_\_\_\_\_ |
| **Current Skin Care Information** |
| What products are you currently using on your skin?Daytime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Describe any weekly/special treatments. |
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| Client Signature (Or parent/guardian if applicable) |  | Date |

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| Therapist Signature |  | Date |