

Confidential Skin Care Intake Form



Name: _____
Email: _____
Address: _____
City: _____ State: _____ Zip _____
Day #: _____ Evening #: _____
Date Of Birth: _____ M F
Referred By: _____
Are you pregnant or nursing? _____

What are your immediate concerns/goals and expectations? What would you like to achieve today?

If you could change or enhance anything about your skin, what would it be?

Have you received any form of skincare in the past? _____ Hair Removal? _____

If yes, what kind? How often? Describe satisfaction/dissatisfaction results/concerns and or comments?

Please describe any reactions you may have encountered and any special concerns you may have.

What is your current skincare routine? Daily, weekly, what type of products are you using at home?

Please list comments/concerns and or questions regarding at home skin care products that you may be interested in finding out more information about?

What are your long term goals or expectations? Over time what results would you like to achieve?

Would you like to receive a complimentary skin care grade make up color matching & education today? _____

Known allergies (including iodine, seafood, and/or fruit) _____

Are you taking any medication? _____ Please describe: _____

Have you taken ACUTANE or skin irritating medication at any time over past 6 months? _____

Have you had any of the following over the last 30 days? _____ Retin A _____ Differin _____ Glycolic Peel
_____ Salicylic Acid Peel _____ Microdermabrasion _____ Laser Treatments _____ Tanning natural or otherwise

Do you have a history of or are you experiencing any of the following?

_____ sunburn _____ irritated skin rash _____ open cuts/bruises _____ acutane _____ fragile capillaries
_____ diabetes _____ active herpes _____ suspicious growths _____ phlebitis _____ metal plates of any kind

How did you decide to visit us today?

_____ ad _____ email _____ mail _____ internet _____ yellow pages _____ recommendation from friend _____ other

I am aware that I should not use any products which are not specifically advised for 48 hours after any service of skincare or hair removal. Please inform your therapist of any products you may be using to avoid irritation or reaction. All products and treatments are not meant to substitute medical care. If you have a medical concern, please see your physician.

Signature: _____ Date: _____