

# Esthetics Intake Form

## Personal Information

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

DOB \_\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_

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

Conditions you are currently experiencing today (Please select all that apply):

☐ Headache ☐ Inflammation ☐ Muscle Cramps ☐ Anxiety ☐ Fatigue ☐ Insomnia ☐ Stress ☐ Forgetfulness

Which aroma(s) do you prefer? (Please select all that apply)

☐ Lavender ☐ Citrus ☐ Geranium ☐ Peppermint ☐ Lemongrass ☐ Patchouli ☐ Eucalyptus ☐ Frankincense

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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/Whiteheads ☐ Uneven Skin Tone ☐ Sun Damage  
☐ Excessive Oil/Shine ☐ Wrinkles/Fine Lines ☐ Dull/Dry Skin ☐ Rosacea  
☐ Broken Capillaries ☐ Redness/Ruddiness ☐ Dehydrated ☐ Sun, Liver, Brown Spots  
☐ 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 ☐ Drugs  
☐ Iodine ☐ Pollen ☐ AHAs ☐ Fragrance ☐ Shellfish ☐ Latex

Other: \_\_\_\_\_

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinol/Vitamin A derivative products?

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

Have you received Botox, Restylane, or Collagen injections in the last 6 months? ☐ yes ☐ no

If yes, please specify: \_\_\_\_\_

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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 condition(s) 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 toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.*

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

\_\_\_\_\_  
Date