

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

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: _____

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

Would you be interested in having a FREE Body Sculpting Consultation about CoolSculpting or Skin Tightening?
Yes / No