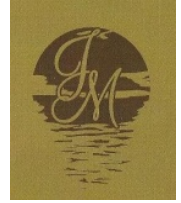


Facial Intake Form

Confidential



Welcome! We would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let us know. Thank you!

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Cell Phone: _____

Email Address: _____ Cell Provider _____

Referred By: _____ Occupation: _____

How often do you receive a facial?

___ Regularly ___ Seldom ___ Never

Describe your skin type:

___ Normal ___ Dry ___ Sensitive ___ Combination ___ Oily

What are your present concerns?

- ___ Acne ___ Scars ___ Rosacea
- ___ Enlarged Pores ___ Aging (Wrinkles) ___ Hyperpigmentation
- ___ Uneven texture ___ Nasolabial Folds ___ Visible Capillaries
- ___ Sun Damage ___ Blackheads ___ Whiteheads
- ___ Crows Feet/Wrinkles ___ Lack of Elasticity

If any above are checked, please explain:

Have you recently received any following skin care services?

- ___ Microderm Date: ___ ___ Acid Peels Date: ___
- ___ Enzyme Peels Date: ___ ___ Waxing Date: ___

Have you ever been prescribed **Accutane**? ___ Date last used: _____

Do you suffer from any allergies?

(Cosmetic, ingredients, food, iodine, medications, hay fever, latex)

No Yes (Please specify) _____

Are you currently undergoing chemotherapy or radiation therapy?

No Yes (Please specify) _____

Are you currently taking any medications, herbs, vitamins?

Internal _____

Topical _____

Do you have any body implants?

Prosthesis Metal Other, explain _____

Have you ever been diagnosed with any of the following?

Anxiety Cancer Hemophilia Depression

Diabetes Hepatitis Migraines Thyroid

Herpes Asthma Epilepsy HIV

Sinus Problems Heart Problems High Blood Pressure Low Blood Pressure

Other

For Women Only.....

Regular Menstruation Pregnant Lactating

Hormonal Problems Menopause Hormonal Birth Control

If you could improve one thing about your skin, what would it be?

