

## 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?

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

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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?

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

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

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

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

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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

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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: \_\_\_\_\_