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**ESTHETICIAN CLIENT INTAKE FORM**

Disclaimer: Thank you for your interest in being a client of [ESTHETICIAN'S NAME]. This form is used to collect information about new clients and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

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| **CLIENT INFORMATION** |

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: [ ]  Male [ ]  Female [ ]  Other

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Would you like to receive email promotions and updates?** [ ]  Yes [ ]  No

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

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| **ALLERGIES & REACTIONS** |

**Have you had any reactions to skin care products or cosmetics?** [ ]  Yes [ ]  No

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

**Do you have any allergies?** [ ]  Yes [ ]  No

Please list any known allergies**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any other health concerns we need to know about?** [ ]  Yes [ ]  No

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

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| **SKIN TYPE & CONDITION** |

**Skin type:** [ ]  Normal

[ ]  Oily

[ ]  Dry

[ ]  Combination

**What areas of concern do you have regarding your skin?** (check all that apply)

|  |  |
| --- | --- |
| [ ]  - Breakouts/Acne[ ]  - Uneven skin tone[ ]  - Excessive oil/Shine[ ]  - Dull/Dry skin[ ]  - Broken capillaries[ ]  - Dehydrated[ ]  - Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  - Blackheads/Whiteheads[ ]  - Sun damage[ ]  - Wrinkles/Fine lines[ ]  - Rosacea[ ]  - Redness/Ruddiness[ ]  - Sun, liver, brown spots |

**When you go out into the sun, do you:**

|  |  |
| --- | --- |
| [ ]  - Always burn[ ]  - Sometimes burn[ ]  - Never burn | [ ]  - Usually burn[ ]  - Rarely burn |

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| **SKIN CARE** |

**Have you seen a dermatologist within the past year?** [ ]  Yes [ ]  No

If yes, please explain: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Do you currently use any of the products listed below?** (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  - Accutane[ ]  - Isotretinion[ ]  - Scrub/Peel[ ]  - Tretinoin / Avita  | [ ]  - Adapalene[ ]  - Renova[ ]  - Topical vitamin A[ ]  - Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  - Differin[ ]  - Retin-A / Stieva-A[ ]  - Topical vitamin C |  |

If yes, please describe: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**Have you recently received Botox, Restylane, or Collagen injections?** [ ]  Yes [ ]  No

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

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| **ACKNOWLEDGMENT & RELEASE** |

**By signing this form, the client agrees to the following:**

I understand, have read, and completed this intake form truthfully and agree to inform the technician of any changes in the above information. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

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| **CLIENT SIGNATURE** |

Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_