**Shape

Description automatically generated with low confidence**

**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: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_