

# ESTHETICIAN CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in being a client of .  
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.

## 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? \_\_\_\_\_

## 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: \_\_\_\_\_

## 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

## 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
- Isotretinoin
- 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: \_\_\_\_\_

**ACKNOWLEDGMENT & RELEASE**

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

I understand, have read and completed this questionnaire 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.

**CLIENT SIGNATURE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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