



ESTHETICIAN CLIENT INTAKE FORM

To make your appointment pleasant and comfortable, please complete this form. 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. If you have any questions, please ask!

Name _____ Phone _____ Date of Birth _____

Address _____ City/State/Zip _____

Occupation _____ How did you hear about us? _____

May we contact you about upcoming promotions/discounts? Yes / No (Circle) Do you prefer: Text or Email (Circle)

Email Address _____ Texting Number _____

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
- Blackheads/Whiteheads
- Sun damage
- Wrinkles/Fine lines

- Rosacea
- Redness/Ruddiness
- Sun, liver, brown spots
- Broken capillaries
- Dehydrated
- Other: _____

When you go out into the sun, do you:

- Always burn - Usually burn - Rarely burn - Sometimes burn - Never 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> - Accutane | <input type="checkbox"/> - Adapalene | <input type="checkbox"/> - Differin |
| <input type="checkbox"/> - Isotretinoin | <input type="checkbox"/> - Renova | <input type="checkbox"/> - Retin-A / Stieva-A |
| <input type="checkbox"/> - Scrub / Peel | <input type="checkbox"/> - Topical vitamin A | <input type="checkbox"/> - Topical vitamin C |
| <input type="checkbox"/> - Tretinoin / Avita | <input type="checkbox"/> - Other: _____ | |

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.

Signature

Date

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