

CLIENT INTAKE FORM –FACIAL

Esthetician Name: \_\_\_\_\_



Full Name: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ AM / PM

Are you taking birth control pills? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had skin cancer? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes describe: \_\_\_\_\_

Are you presently under a physician's care for any current skin condition or other problem? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what? \_\_\_\_\_

Are you presently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes list: \_\_\_\_\_

Are you now using it, or have you ever used Accutane? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any allergies to cosmetics, food, or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your main concern with your skin? \_\_\_\_\_

What skin care products do you use presently? \_\_\_\_\_

Are you presently using (or used in the past) Azlex, Differin, Renova, Retin-A, Tazarac, Glycolic or Alpha Hydroxy Acids? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check if you are affected by or have any of the following:

- Epilepsy
- Fever blisters
- Headaches
- Chronic Anxiety
- Hysterectomy Skin Disease Hepatitis
- Eczema
- Metal bone, pins, or plates
- Asthma
- High Blood Pressure
- Sinus Problems
- Immune Disorders
- Lupus
- Pacemaker

Please explain above problems or list any other significant issues: \_\_\_\_\_

I understand that the services offered are not a substitute for medical care; and any information provided by the therapist is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the therapist in giving better service and is completely confidential.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_ /202

Consent to Treatment of a minor: By the signature below, you hereby authorize All Is Well massage & Spa to administer a massage, bodywork, or somatic therapy techniques to my child or dependent, as they deem necessary.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Add on: (Optional for clients to choose at a Non-Member's Price vs Member's Price)

- Aloe vera Ice cube Face Massage \$15 \_\_\_\_\_
- Cold Stone Face Massage \$15 \_\_\_\_\_
- Cool Fresh Cucumber Mask \$10 \_\_\_\_\_
- Peppermint Scalp Massage \$15 \_\_\_\_\_
- Yam & Pumpkin Enzyme Peel \$15 \_\_\_\_\_
- Sugar Scrub Hand Treatment \$15 \_\_\_\_\_
- Herbal Foot Spa \$15 \_\_\_\_\_ Aromatherapy \$10 \_\_\_\_\_
- Mini Facial Gua Sha \$15 \_\_\_\_\_
- Jelly Mask of Your Choice \$15 \_\_\_\_\_
- Glysalac Peel (add on) \$69.99 \_\_\_\_\_