

FACIAL INTAKE FORM



The answers you provide, allow us to make the best educated recommendations and offer quality skincare treatments for you. Thank you.

Name: _____ Date: _____

Address: _____

Cell Phone # _____ Date of Birth _____

Email _____@_____

Will you be using a gift card today? **YES NO** If Yes # on back _____

How did you hear about us? _____

What is your goal for having a facial today? _____

What skincare treatments have you had in the past and when?

- Facials Microdermabrasion Peels Dermaplane
 Extractions Other _____

Were you happy with your past skincare treatments? **YES NO** Please explain: _____

Have you ever had a reaction from any skincare product or cosmetic? **YES NO** If yes, please describe: _____

Are you happy with the skincare products you currently use? **YES NO**

When did you last see a dermatologist? _____

Are you currently under a dermatologist care? **YES NO** If yes, please explain: _____

Do you currently Take/Use Accutane, Retin-A, Renova or other Topical Vitamin A products? **YES NO**

Have you ever used any prescription for skin care? **YES NO** If Yes, what RX and when? _____

Please list any medications you are currently taking: _____

Are you allergic to any of the following? Aspirin Benzoyl Peroxide Salicylic Acid (BHA)

Please list any other known allergies: _____

Are you currently or recently pregnant? **YES NO** Do you take birth control pills? **YES NO**

Please Turn to the Next Page >

SKIN CONDITIONS (Select All That Apply)

- Wrinkles/Fine Lines Acne/Acne Scars Rosacea
 Brown Spots White Spots Other _____

- Is your skin? Normal Dry Oily
 Combination Oily/Dry Sensitive Extremely Sensitive

What skin problems do you suffer from that bother you the most? _____

When was your last sunburn? _____

Do you use a tanning bed? **YES NO** If yes, how often? _____

When you go into the sun, do you (please check one):
 always burn usually burn sometimes burn rarely burn never burn

Do you use a wash cloth when you cleanse your face? **YES NO**

Do you use a Clarisonic Brush or other type of tool to cleanse your face? **YES NO**
If yes, how often: _____

Do you use a humidifier in the room where you sleep or in another area of your home? **YES NO**

Do you use a Lighted Magnified Makeup Mirror? **YES NO**

How many glasses of water do you drink daily? _____

Do you take supplements? **YES NO** If yes, list supplements: _____

Do you exercise? **YES NO** If yes, how often? _____

What is your current level of stress 1 2 3 4 5 6 7 8 9 10

Please Initial (Please Read Carefully)

- _____ I agree to avoid direct sun exposure for 48 hours
_____ I do not have active cold sores
_____ I have not taken Accutane in the past year
_____ I agree not to wax for 7 days pre/post treatment
_____ I agree not to use retinol products for 5 days pre/post treatment
_____ I understand the possible allergic reaction notification
_____ I agree to notify esthetician of any concerns
_____ I agree to apply SPF following the treatment and each day to protect my skin

Please Turn to the Next Page >

Thank you for listing your current skincare regimen.

This information will assist us in guiding you to achieve your best healthy skin.

Place a check mark in the AM - PM box for the products you use.

List brands + names of the products you use:

TYPE OF PRODUCT	AM	PM	BRANDS
Cleanser			
Exfoliator			
Toner			
Vitamin C			
Skin Brightener			
Eye Cream/Serum			
Moisturizer			
SPF			
Tretinoin aka Retin A			
Retinol			
Acne Products			
Neck Cream/Serum			
Mask			
Eyelash growth product			
Other			

I hereby consent to and authorize BODYWORX SPA to perform a facial treatment on myself. Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. Therefore I release the Licensed Esthetician and BODYWORX SPA from any and all claims, liabilities, damages, actions, or causes of action arising from the facial treatment received hereunder, including, without limitation, any damages arising from acts of active or passive negligence on the part of the Esthetician, to the fullest extent allowed by law. I also recognize that there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost. If my Esthetician provides me with post-treatment home care instructions or suggest certain facial products, I understand the importance of following their specific instructions. In the event that I have any questions or concerns, I will consult the Esthetician immediately. I have also, to the best of my knowledge, given an accurate account of my medical history. Including all known allergies or prescription drugs or products I am currently ingesting or using topically. I have read and fully understand this agreement and all information detailed above. I understand the facial treatment and accept the risk. If I have any questions, I will ask the Esthetician before I receive any treatment. I accept the terms of this agreement and will not hold the Esthetician or Bodyworx Spa responsible for any of my conditions that were present at the time of service, but not disclosed at the time of the skin care procedure, which may be affected by the treatment today.

(Client Signature)

(Date)

(Client Name - Please PRINT)

(Date)