



Aesthetics Intake Form

With your cooperation and trust, the Esthetician experts at Massages with Purpose and Skin Care will guide you to your personalized, healthy skin care goals. Incorporated in your first visit, your esthetician will consult with you for 5-10 minutes prior to your facial treatment to customize your at home skin care regimen. This benefits you by letting us give attention to your concerns, skin history, and intentions to create a plan of action just for you!

Personal Information

Name



DOB



Phone #



Call or Text (circle one)

Occupation



Email


@ .

Emergency Contact



Phone

Pregnant

Yes ☐ No ☐

How were you referred to us?



What are your skin care goals for your treatment today and home self-care?

- ☐ To be Pampered with a beautiful facial treatment
- ☐ To be Pampered with a beautiful facial treatment, and a few (1-2) recommended home self-care products
- ☐ To be Pampered with a beautiful facial treatment, and a recommended complete home self-care protocol
- ☐ Other:

What type of skin do you think you have?

- ☐ Normal ☐ Oily ☐ Dry ☐ Combination

What skin conditions do you think you have?

- ☐ Dehydrated ☐ Sensitized ☐ Premature Aging ☐ Pigmentation
- ☐ Acne

What areas of concern do you have with your skin?

- ☐ Breakouts/Acne ☐ Blackheads/Whiteheads ☐ Blotchy/Uneven Skin tone
- ☐ Sun Damage ☐ Brown Spots ☐ Excessive shine/Oil ☐ Wrinkles
- ☐ Dull/Dry Skin ☐ Rosacea ☐ Broken Capillaries ☐ Redness ☐ Tight Skin
- ☐ Loss of Elasticity/Sagging Skin ☐ Dark Circles ☐ Puffiness

Are you using Glycolic, Lactic, Salicylic, Mandelic, Citric, Azelaic, Malic, Ferulic, Kojic, Tartaric, Oleic, or Trichloroacetic Acid? Hydroquinone?

If so, how many nights per week?

Are you using Retinol, Retin-A, Accutane, topical prescription medication or have facial waxed within the last 24 hours?

Are you allergic to any of the following?

- ☐ Cosmetics ☐ Medicine ☐ Nuts ☐ Iodine ☐ Pollen ☐ AHA's
- ☐ Fragrance ☐ Shellfish ☐ Latex ☐ Aspirin ☐ Pineapple
- ☐ Coconut Oil ☐ Other:

Current Skincare Regimen

Daytime Cleanser

Toner

Exfoliate

Moisturizer

SPF

Masques

Night Moisturizer

Special Targeted Serums

How many cups of
water do you drink per
day for hydration?

Have you had a microdermabrasion, resurfacing treatment, chemical peel in the past 2 weeks? _____

What medications are you taking? _____

Medical Conditions to measure the capacity for wound healing:

- ☐ Skin Disease ☐ Hepatitis ☐ HIV/AIDS ☐ Herpes/Cold Sores ☐ Seizures
- ☐ Active Infections ☐ Heart Condition ☐ Diabetes ☐ Rash ☐ Cancer
- ☐ Lymph Edema ☐ High/Low Blood Pressure ☐ Depression ☐ PTSD ☐ Anxiety
- ☐ Lupus ☐ Recent Surgeries ☐ Strokes ☐ TMJ/Jaw Pain ☐ MRSA
- ☐ Osteoporosis ☐ Chronic Pain ☐ Varicose Veins ☐ Sun Burn
- ☐ Claustrophobic ☐ Hyper/Hypo Thyroid ☐ Facial Warts
- ☐ Keloid/Hypertrophic Scars ☐ Eczema ☐ Psoriasis

Other _____

Do you exercise? _____ Do you Smoke? _____

Do you wear contact lenses? _____ On Birth Control? _____

Have you had facials or skincare treatments before? _____

Metal implants; and where? _____

A pacemaker? _____ Body piercings? _____

What is your level of sun exposure? _____

Have you been tanning in the past 24 hrs? _____

Your Appointment Time:*IMPORTANT:** This time is set aside for you. Out of respect and consideration to your estheticians(s) and other customers, please plan accordingly by putting your appointment time on your calendar and be on time. **24 hour Cancellation Policy,** advance notice is required when cancelling an appointment. Massages with Purpose and Skin Care is unable to absorb the losses for missed appointments, no-shows, or appointments cancelled within a 24 hour period of the scheduled appointment. We understand how difficult it can be at times to deal with life's stressors and sudden illnesses, however, when a client does not show up for their session, it takes away an opportunity that could've been offered to someone else. For this reason, a 24 hour notice is expected for cancellations. **Late cancellations and no shows will be charged the full session fee at your next visit.**

I understand that I am receiving a customized facial, that Massages with Purpose and Skin Care offers, at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid aesthetic treatment, and all other treatments offered, I hereby hold harmless and indemnify the esthetician, Massages with Purpose and Skin Care, their principals, and agents from all claims and liability whatsoever. I have read and understand that Massages with Purpose and Skin Care complies with the HIPPA privacy requirements.

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform my esthetician if anything changes in my status. I understand that aesthetic treatment that I receive is not a substitute for a medical examination or diagnosis and that I should see my health care provider / dermatologist for those services. If I experience any pain or discomfort, I will immediately inform my esthetician so that the products / methods can be adjusted to my comfort level.

CLIENT SIGNATURE _____

DATE _____