Esthetician Client Intake Form

Client Information

First Name	Last Name	Date of Birth	Gender

Address	City	State	Zip Code

Email	Preferred Phone Number

Emergency Contact

Full Name	Relationship	Contact Number
Full Name	Relationship	Contact Number

Medical History

Please list any medical conditions or health problems you have had in the past or present.

Please list any medications you use regularly, including any supplements, vitamins, accutane, or other skin care medications.

Do you have any allergies, including to any cosmetics, latex or medicines? ☐ Yes ☐ No
If yes, please specify:

Have you been under the care of a dermatologist or other physician within the past year? ☐ Yes ☐ No
If yes, please explain:

Skin Care History

Do you use or have you used in the last 3 months Retin-A, Renova, AHA's, or Retinol/Vitamin A derivative products? If yes, please describe: ☐ Yes ☐ No

Have you had chemical peels, microdermabrasion, or resurfacing treatments in the past month? If yes, please describe: ☐ Yes ☐ No

Have you received Botox, Restylane, or Collagen injections in the last 6 months? ☐ Yes ☐ No
If yes, please specify:

What is your skin type? ☐ Normal ☐ Dry ☐ Oily ☐ Combination

What are your specific concerns/challenges for your skin?

I confirm that the answers I have given are correct to the best of my knowledge and that I have not withheld any information that may be relevant to my treatment.

Signature _____ Date _____