

Facial Intake Form

Name	Date
Phone number	Email
Address	
Emergency contact person	Phone number
Skin History	
<p>Do you have any skin allergies?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(If yes, please specify): _____</p>	
<p>Have you ever had any adverse reactions to facial products or treatments?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(If yes, please specify): _____</p>	
<p>Are you currently using any prescription skincare products?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(If yes, please specify): _____</p>	
<p>Do you have any existing skin conditions (acne, rosacea, eczema, etc.)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(If yes, please specify): _____</p>	
<p>Have you had any recent cosmetic procedures (Botox, fillers, chemical peels, etc.)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>(If yes, please specify): _____</p>	

Health history

Are you pregnant or breastfeeding?

- Yes
- No

Do you have any medical conditions we should be aware of?

- Yes
- No

(If yes, please specify): _____

Are you currently taking any medications?

- Yes
- No

(If yes, please specify): _____

Have you ever had a history of skin cancer?

- Yes
- No

Have you had any recent surgeries or medical procedures?

- Yes
- No

(If yes, please specify): _____

Skincare routine

Describe your current skincare routine (cleanser, moisturizer, sunscreen, etc.):

How often do you cleanse your face?

How often do you exfoliate your face?

Do you use any retinol or acids in your routine?

Yes

No

Do you use sunscreen daily?

Yes

No

Treatment preferences

What specific facial concerns would you like to address?

Have you had professional facials before?

Yes

No

What type of facial treatment are you interested in (e.g., hydrating, deep cleansing, anti-aging, etc.)?

Do you have any preferences or restrictions on the products used during the facial?

Are you interested in additional treatments such as extractions, masks, or massage?

Additional notes

Acknowledgment

I understand that the esthetician will analyze my skin and recommend treatments/products based on my skin concerns and health history. I consent to these recommendations and understand that results may vary.

I confirm that the information provided above is accurate to the best of my knowledge.



Signature over printed name

Date