Esthetics Intake Form

SOBOURGIE SPA

Personal Information

Name _____ Phone (day) _____ (evening) _____

DOB _____ Occupation _____ Email _____

How did you hear about us? _____

Conditions you are currently experiencing today (Please select all that apply):

☐ Headache ☐ Inflammation ☐ Muscle Cramps ☐ Anxiety ☐ Fatigue ☐ Insomnia ☐ Stress ☐ Forgetfulness

Which aroma(s) do you prefer? (Please select all that apply)

☐ Lavender ☐ Citrus ☐ Geranium ☐ Peppermint ☐ Lemongrass ☐ Patchouli ☐ Eucalyptus ☐ Frankincense

Esthetics Information

What type of skin do you have?

☐ Normal ☐ Oily ☐ Dry ☐ Combination

What areas of concern do you have regarding your skin?

☐Breakouts/Acne ☐Blackheads/Whiteheads ☐Uneven Skin Tone ☐Sun Damage

☐Excessive Oil/Shine ☐Wrinkles/Fine Lines ☐Dull/Dry Skin ☐Rosacea

☐Broken Capillaries ☐Redness/Ruddiness ☐Dehydrated ☐Sun, Liver, Brown Spots

☐Other: _____

Have you been under the care of a dermatologist within the past year? ☐ yes ☐ no

If yes, please explain _____

Have you ever had an allergic reaction to any of the following?

☐Cosmetics ☐Medicine ☐Food ☐Animals ☐Sunscreen ☐Drugs

☐Iodine ☐Pollen ☐AHAs ☐Fragrance ☐Shellfish ☐Latex

Other: _____

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinol/Vitamin A derivative products?

If yes please describe: _____

Have you received Botox, Restylane, or Collagen injections in the last 6 months? ☐yes ☐no

If yes, please specify: _____

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

_____ _____

Client Signature ***Date***