



Facial Intake Form

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Referred by: _____

Email Address: _____

How would you like to receive your complimentary appointment reminders? CHECK ALL THAT APPLY

Phone Call: Y / N _____ Text: Y/ N _____

Email Y /N

Would you like to be added to our email list for specials, coupons and newsletters? Y/ N

- **Have you ever had a facial?** Y N
If yes, what did you like/dislike about your experience?

- **How would you describe your skin? Circle all that apply:**

- | | | |
|------------|------------|------------------|
| Dry | Sensitive | Oily |
| Flaky | Redness | Discoloration |
| Fine Lines | Acne | Combination |
| Wrinkles | Dull | Large Pores |
| Normal | Blackheads | Lack of Firmness |

Out of the above selected, what is your primary concern for your skin?

- **What products/brands do you currently use on your skin?**

- **Are you currently under the care of a dermatologist?** Y N
If Yes, describe any conditions/treatment:

*Specifically, note medications and medicated skin products that have been prescribed (ie RetinA/retinol products, Differin, Accutane, etc):

- Do you use any over-the-counter products for your skin that contain other active ingredients such as Benzoyl peroxide, salicylic acid, AHA, glycolic acid, etc? Please note:

- Do you have sensitive skin or any allergies? Y N
Type:

- Please circle any conditions that apply to you:

Hypertension

Diabetes

HIV

Psoriasis

Herpes

Hepatitis

Ringworm

Pink Eye

Skin cancer

Please note any other general health conditions, or recent surgeries or injuries below:

- Please list any other medications you are currently taking:
- Are you pregnant? Y N

Cancellation Policy/Fees

- Your appointment time was specifically reserved for you, so the courtesy of 24 hour notice for cancellation or rescheduling is appreciated.
 - **For all new clients, appointments over 90 minutes, couples, and packages; if you fail to give less than 6 business hour notice of cancellation, you will be billed the full price of the treatment scheduled.** If it is a morning appointment, we must receive your call by the afternoon before to avoid the fee.
 - **For all existing clients; if you fail to give less than 1 business hour notice of cancellation, you will be billed the full price of the treatment scheduled.** If it is a morning appointment, we must receive your call by the end of the prior business day to avoid the fee.
- **Phone call, e-mail, and text message reminders will be provided as a courtesy to you.** If you opt out of phone call reminders; please be aware that an automated system sends our e-mails and text messages and we cannot guarantee their reliability; it is your responsibility to remember your scheduled appointments. You can update your reminder method with our front desk staff at any time if your preferences change.
- Bounced checks will incur a \$25.00 fee for which a bill will be sent.

Treatment Policies and Etiquette

- These policies are in place for your personal protection as well as for the professional dignity of the therapist. You will receive personal instructions on what clothing to remove and how to prepare for the treatment. Please follow those instructions as well as the guidelines that follow:
 - Always wait for the therapist to leave the room before getting undressed. Keep a lower undergarment on and cover yourself with the sheet as instructed. You will not be exposed by the therapist during the treatment, and should not attempt to expose yourself. Please do not get off the table at the end of the treatment until the therapist has left the room.
 - At no time will any sexual comments, suggestions, activities, or requests be tolerated. If this term is violated, the therapist has the right to end the session, full payment is required, and no further treatments will be scheduled. This is a zero tolerance policy.

I have read and agree to the above terms:

Sign: _____ Date: _____

Print: _____

This area for practitioner use