

Esthetician Client Intake Form

Client information	
First name:	Last name:
Date of birth:	Gender:
Address:	City:
State:	ZIP:
Email:	Preferred contact 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?

Yes No

If yes, please describe:

Have you had chemical peels, microdermabrasion, or resurfacing treatments in the past month?

Yes No

If yes, please describe:

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

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: