# ESTHETICIAN INTAKE FORM

Client Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

**Emergency Contact Information:**

Name: _____

Relationship: _____

Phone Number: _____

**Medical History and Health Information:**

Are you currently under the care of a physician? (Yes/No)

Do you have any allergies? If yes, please specify:

Do you have any skin conditions (e.g., eczema, psoriasis, rosacea)?

Are you currently using any medications or topical products?

Do you have any history of cold sores or herpes simplex?

Have you had any recent surgeries or cosmetic procedures?

Are you pregnant or nursing?

Do you have any heart conditions or pacemakers?

Do you have diabetes or other chronic illnesses?

Do you have any history of seizures or epilepsy?

Have you ever had a reaction to skincare products or treatments?

**Lifestyle Information:**

Do you smoke or use tobacco products? (Yes/No)

Do you consume alcohol regularly? (Yes/No)

Do you use sunscreen daily? (Yes/No)

How many glasses of water do you drink daily?

What is your typical diet like?

Do you exercise regularly? (Yes/No)

**Skin Care Goals and Concerns:**

What are your primary skin concerns? (e.g., acne, aging, dryness)

What results are you hoping to achieve with treatment?

Are there any treatments or products you wish to avoid?

Have you had any previous esthetic treatments? If yes, please describe:

**Consent and Agreement:**

I hereby certify that the above information is truthful and complete to the best of my knowledge. I understand that withholding information or giving false information may result in adverse effects during or after the esthetic treatment. I consent to the treatment and understand that results may vary. I release the esthetician and the establishment from liability for any damages or injuries that may occur due to undisclosed medical conditions or reactions. I acknowledge that no guarantees have been made regarding the outcome of the treatments.

| **Client Signature** | **Esthetician Signature** |
| --- | --- |
| Signature: _____ | Signature: _____ |