

Esthetic Confidential Intake Form

Name: _____

Date of Birth: _____

Address: _____ City/State/ZIP: _____

Phone:(home) _____ (work) _____
(cell) _____

Occupation: _____

Emergency Contact: _____ Telephone: _____

Your Email: _____

How did you hear about us? _____

Referred by: _____

1. What is the reason for your visit today?

2. What special areas of concern do you have?

3. Are you presently under a physician's care for any current skin condition or other problem?

4. Are you Pregnant?

5.Are you doing Hormone replacement?

6.Do you wear contact Lenses?

7.Do you smoke?

8.Do you often experience stress?

9.Have you had Skin Cancer? If so, when and for how long?

10.Are you now using or have you ever used Acutane?

11.Do you have Acne? Do you experience frequent blemishes, how frequently?

12.Do you have any allergies to cosmetics, foods or drugs? Please list:

13.Are you presently taking medications – oral or topical? Please list:

14. What products are you presently using? (soap, cleanser, toner, scrub, mask, creams, or sunscreen)

Please check if you have recently experienced or presently have any of the following conditions:

Asthma Cardiac problems Eczema Epilepsy
 Fever blisters Headaches – chronic Hepatitis Herpes
 High blood pressure Hysterectomy Immune disorders Lupus
 Metal bone, pins or plates Pacemaker Psychological problems Sinus problems Skin diseases – other Urinary or kidney problems

Please explain above problems or list any significant others:

I understand that the services offered are not a substitute for medical care, and any information provided by the therapist is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the therapist in giving better service and is completely confidential.

I fully understand and agree to the above Prema Health policies.

Client Signature _____ Date _____