Glow Aesthetics Skin & Body

Client Intake

SKINCARE Intake Form - Fill out form completely if you are receiving a facial or any type of skincare.
Please fill out all Skin Care information as legibly, accurately and thoroughly as possible.

Your Name: _____

Street: _____ **City, State** _____ **Zip Code** _____

Phone #'s Cell: ( ) _____ **Other: ( )** _____ **Occupation:** _____

e-mail address: _____ **Date of Birth:** _____

Please prioritize the cosmetic improvements you would like to see in your skin or list areas of concern:

1. _____ 2. _____ 3. _____

Are you interested in updating your homecare skin program? Yes No

Do you want us to tell you what we are using on your skin or do you prefer to enjoy the silence? **Yes, Tell Me** **No, I like Quiet**

Lifestyle:

What brand/type of skincare products are you currently using? _____

Do you use tanning booths? Yes No

Do you have permanent make-up? Yes No

Do you wear contacts? Yes No

Do you wax or use depilatories, electrolysis, or lasers for hair removal? Yes No

Do you spend most of your day outdoors? Yes No

What type of work do you do? _____

What oral/topical mediations are you currently using? _____

What is your ethnic background? _____

Health History: (circle all that apply)

Skin Cancer History of Skin Cancer HIV Diabetes Heart Problems High Blood Pressure Hepatitis
Low Blood Pressure Sinus Problems/Asthma Chemo/Radiation Pacemaker/metal implants Neck/Spinal injuries Lupus Hand/Arm Injuries Claustraphobia

Cold Sores, Fever Blisters Last outbreak: _____

Skin History: (circle all that apply)

Acne Hormonal Breakouts Rosacea Dermatitis/Eczema Psoriasis Pigmentation Issues
Scars/Keloid Scarring Hives Bruising Fine lines/Wrinkles Other: _____

Describe your skin type: _____

What temperature of water do you cleanse? Cold Warm Hot

Do you have any special areas of concern pertaining to your face or body? Specify: _____

Exfoliation and Bleaching History:

Are you currently using Accutane, Retin-A Renova, Differin, Tazorac, Adapalene or Avage? Yes No

Do you have regular Botox, Restylane, Juvederm or collagen injections? Yes No

Have you had recent facial surgery or laser resurfacing? Yes No

Have you ever had a chemical peel or a microdermabrasion treatment? If so, when was your last treatment? _____

Are you using any products that contain the following ingredients: (circle all that apply)

Glycolic Acid Lactic Acid Salicylic Acid Exfoliating Scrubs Hydroxy Acid products Sulfur
Cortisone Vitamin A derivatives (i.e. Retinol) Cleocin-T

Are you using any topical medications that cause you to peel? Yes No

Moisture – Hydration

How much plain water do you consume daily? _____

How many alcoholic beverages do you consume weekly? _____

Do you ever experience these conditions on your skin: flakiness tightness obvious dryness

What season of the year do you have these experiences of dryness: summer spring winter fall all times of year

(continued on next page)

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Oil Secretion:

Do you ever experience oily shine during the day?	Yes	No	Occasionally
Is oil experience:	All over		Just the T-Zone

Nerve Activity:

Do you drink caffeinated beverages	Yes	No	Occasionally
Do you smoke:	Yes	No	
Do you participate in vigorous aerobic activities or sports?	Yes	No	
What type of massage do you prefer?	Light	Medium	Firm
What is your pain threshold?	Low	Medium	High

Capillary Activity:

Do you burn easily in moderate sunlight?	Yes	No
Do you blush easily when nervous?	Yes	No
Do you have a tendency to redness?	Yes	No

Allergies:

Milk Apples Citrus/Grapes Eggs Aloe Vera Aspirin Hydroquinone Perfumes Sulfur
Pineapple/Papaya Shellfish/Seaweed Nuts Retin-A/Retinoids Alcohol Based Products
Pollen Medicine Iodine Cosmetics Essential Oils Wheat

Known Allergies: _____

Other Allergies: _____

Female Clients:

Regular Cycle Irregular Cycle Menopausal Pregnant/Nursing Peri-menopausal Trying to become pregnant
Hysterectomy Oral Contraceptives HRT or any hormone balancing products? PMS breakouts Menstrual bloating or pain
Do you experience Ingrown Hairs? Yes No Occasionally
If so, where are they located? Chin Chest Face Body

Skin Peel Policy:

This is to acknowledge that I, _____, have been given verbal instructions pertaining to my skin peel. I know that if I have any complications or allergic reaction I am to contact my facialist immediately.

Cancellation Policy:

Because we reserve the room and esthetician's time especially for you, please give us at least 24 hours notice to avoid paying the full value of the service for any cancellations or re-scheduling to a later time or date.

If you are moving your appointment earlier and we can accommodate your request there will be no charge. Because we may turn people away for the time we hold for you, the cancellation policy still applies even if you are making the appointment for the same day.

No-shows and same-day appointment cancellations less than 24 hours will be charged the full value of the treatment reserved, and/or any gift certificate or card associated with that appointment will count as services rendered.

Signature _____ Date _____