



CONFIDENTIAL INTAKE FORM – SKIN CARE / ESTHETICS

Name _____ Date _____

Address _____

City, State, Zip _____

Home Phone _____ Work/ Cell/Phone _____

Email Address _____ Date of Birth _____

Emergency Contact _____ Phone _____

1. How did you hear about us? Advertisement _____, Website _____, Internet Search _____, Family/ Friend _____

2. Have you ever received professional skin care/ esthetics treatments? Yes / No What type? _____

3. Have you been under the care of a physician, dermatologist, or other medical professional within the past year? Yes / No
If yes, please explain _____

4. List any medications, supplements or herbal/ homoeopathic remedies you currently take: _____

5. What are you currently using to cleanse and moisturize your face? _____

6. What improvements would you like to see in your skin? _____

7. Have you ever been treated for (Circle all that apply)
Acne Depression Skin Disease High Blood Pressure Frequent Cold Sores Diabetes Skin Cancer
Skin Lesions Keloid Scaring Hormone Imbalance Hepatitis Herpes

8. Do you use Retin-A, Renova, Adapalene Hydroxyl Acid, Deterin Glycolic Acid, AHA, Salacylic Acid, or Vitamin A Retinol
Derivative? Yes / No If yes, have you used these products in the last 3 months? Yes / No

9. Have you ever had an allergic reaction to food, sunscreen, Cosmetic products or AHA? Yes / No
If yes, please explain _____



Skin Care consent Form

I certify that the above information is correct to the best of my knowledge. In accordance with the law. Healthy Skin of Naples LLC cannot cure, treat, prevent or diagnose any condition. These treatments are used as regiments for improving skin appearance and wellness. Information exchanged during any session should be given at my own discretion.

Because certain esthetic treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the skin care therapist updated as to any changes in my health prior to any future sessions and understand that there shall be no liability on the therapist's part nor on the part of Healthy Skin of Naples LLC should I fail to do so.

The therapist reserves the right to refuse services to anyone, for any reason.

I fully understand that the therapist performs her services within the parameters of esthetics, using skin care treatments and therapists. I fully understand that the esthetics therapist is not an allopathic doctor, dermatologist, or psychiatrist and does not portray herself/himself to be.

If I experience any pain or discomfort during the session I will immediately inform the therapist so that the products and or techniques may be adjusted to my level of comfort.

By signing below I acknowledge that I have read and understand all parts of this consent intake form, and that I have had the opportunity to ask any questions with regards to any services or therapies offered.

All client information is confidential.

Client Name Printed _____

Client Signature _____

Date _____