



Intake form: Facial

Please Note: This a fragrance free establishment. Any perfumes, smoke, or scents may cause a severe reaction in others.



Please fill out the form below.

Name: _____ Nickname: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Preferred communication for confirming appointments and other special offers:

Phone Email Text Cell #: _____

Emergency Contact: _____ Relationship: _____ Emergency Contact Phone: _____

Allergies: _____

Occupation: _____ Primary Care Physician: _____

Referred by: _____

Have you ever had a facial treatment: Yes No

What is your daily skin care routine: _____

Do you exercise? Yes No

Do you smoke? Yes No

Are you under a physicians care? Yes No

If so, why? _____

In the past 3 months have you had any chemical peels, used Retin-A or Accutane, had any laser treatments, microdermabrasion, had Botox or any other types of facial injectables? _____

Do you have any skin conditions, diseases or allergies? _____

Other health issues? _____

Are you taking any medications/supplements? _____

I understand the sole purpose of the facial is to beautify the skin. My aesthetician is not here to diagnose, prescribe or treat any medical conditions. I have revealed any and all health issues and will keep my aesthetician up to date if any changes are to occur. Lockers have been provided for your convenience, SMS is not responsible for personal items.

Signature: _____ Date: _____