



**Client Intake Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Referred by: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact's Tel. Number: \_\_\_\_\_

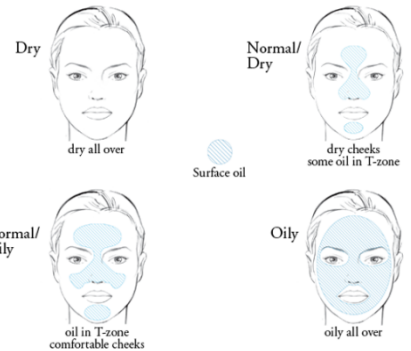
Skin Type:    Caucasian    African American    Hispanic    Asian    Eastern    Indian    American Indian

Please list any health conditions you are currently experiencing

**Skin Care Service Questions**

Plas list your current facial home use products

Cleanser	_____
Exfoliante	_____
Moisturizer	_____
Sun Screen	_____
Serum	_____
Mask	_____



Have you ever taken or currently take    Retin A    Accutane Topical or Oral Antibiotics:    Oral    Topical

What is the name of the Antibiotics? \_\_\_\_\_

What is your level of stress between 1 and 10 with 1 as low and 10 as high.? \_\_\_\_\_

How many hours of sleep do you get each night? \_\_\_\_\_

How many glasses of water do you drink each day? \_\_\_\_\_

How much caffeine/alcohol do you consume each day? \_\_\_\_\_

Do you smoke?    Yes    No

Have you ever received any of the following treatments?    Facial    Microdermabrasion    Laser surgery

Chemical peels    Waxing    Lash/Brow tint    Laser hair removal    Vein treatments

Which applies to you:    always burn    tan with difficulty, usually burn    average tanning sometimes burn

easily tan rarely burn    never burn

Medical back ground: do you have any of the following:    scars    stretch marks    Hyperpigmentation

Do you suffer from:    acne    blackheads    whiteheads    oiliness    Rosacea    Dehydration

Eczema    Vein/Circulation problems    Psoriasis Where \_\_\_\_\_ Other: \_\_\_\_\_

Are you allergic to any: foods, fruits, vegetables, plants:    Yes    No

Allergic to latex:    Yes    No

How did you hear about us \_\_\_\_\_

What is the purpose of seeking a facial service today? \_\_\_\_\_

- The Peak Facial
- Peak Express Facial
- Back Facial
- Wax: \_\_\_\_\_

Signature \_\_\_\_\_