THE CENTER
HOLISTIC HEALTH CENTER
Healing for Body • Mind • Spirit

FACIAL & SKIN CARE INTAKE

Please complete this form as accurately as possible so your esthetician can provide safe, personalized care.

CLIENT INFORMATION

Name _____ Date _____ DOB _____

Address _____

Phone _____ Email _____

How did you hear about The Center? _____

HEALTH HISTORY

- ☐ Anemia
- ☐ Asthma
- ☐ Cancer
- ☐ Claustrophobia
- ☐ Cold sores
- ☐ Diabetes
- ☐ Eating disorder
- ☐ Epilepsy
- ☐ Fainting
- ☐ Headaches
- ☐ Heart condition
- ☐ Hepatitis
- ☐ High cholesterol
- ☐ High blood pressure
- ☐ Irregular pulse
- ☐ Low blood pressure
- ☐ Lupus
- ☐ Phlebitis / varicose veins
- ☐ Seizures
- ☐ Stroke
- ☐ Thyroid disorder
- ☐ Other

Other condition(s) or health information we should know about:

How is your general health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Current medications, supplements, or topical prescriptions: _____

Pregnant, trying to become pregnant, or breastfeeding? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No Wear contact lenses? ☐ Yes ☐ No

ALLERGIES & SENSITIVITIES

- ☐ Aspirin
- ☐ Apples
- ☐ Citrus
- ☐ Clindamycin
- ☐ Cosmetics
- ☐ Fish
- ☐ Fragrances
- ☐ Grapes
- ☐ Hydrogen peroxide
- ☐ Hydroquinone
- ☐ Iodine
- ☐ Latex
- ☐ Milk
- ☐ Retin-A / retinoids
- ☐ Talc
- ☐ Other

Please describe any allergy, sensitivity, or previous product reaction:

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FACIAL HISTORY & SKIN ANALYSIS

FACIAL SURGERY & RECENT PROCEDURES

Laser resurfacing or facial plastic surgery in the past 3 months? ☐ Yes ☐ No

Planning facial resurfacing soon? ☐ Yes ☐ No

Planning eyelid surgery soon? ☐ Yes ☐ No

Planning other facial plastic surgery soon? ☐ Yes ☐ No

Chemical peel or waxing in the past 14 days? ☐ Yes ☐ No

Have you ever used Accutane? ☐ Yes ☐ No If yes, how long ago? _____

Currently using Retin-A, tretinoin, retinol, Differin, or similar products? ☐ Yes ☐ No

If yes, what for? ☐ Acne ☐ Fine lines Irritation/sensitivity? ☐ Yes ☐ No

SKIN TYPE & CURRENT CONCERNS

How would you describe your skin type? ☐ Dry ☐ Normal to Dry ☐ Normal ☐ Normal to Oily ☐ Oily

Which description most closely matches your skin tone / sun response?

☐ Very fair; freckles; burns easily ☐ Light; usually burns

☐ Light to olive; sometimes burns ☐ Medium brown; rarely burns

☐ Dark brown; very rarely burns ☐ Dark; burn-resistant

Do you use sunscreen with extended sun exposure? ☐ Yes ☐ No

☐ Adolescent acne ☐ Adult acne ☐ Deep cystic acne ☐ Oily skin

☐ Dry skin with breakouts ☐ Sun damage / photo-aging ☐ Combination skin ☐ Hyperpigmentation / brown spots

☐ Acne scarring ☐ Enlarged pores ☐ Dry patches ☐ Extremely dry skin

☐ Visible capillaries ☐ Eye puffiness ☐ Dark under-eye shadows ☐ Blackheads

Skin texture: ☐ Bumpy / uneven ☐ Smooth / soft ☐ Coarse / grainy

Pore size: ☐ Enlarged ☐ T-zone ☐ Nearly invisible

Skin thickness: ☐ Thick ☐ Normal ☐ Thin

Tendency to redness? ☐ Yes ☐ No Breakouts? ☐ Yes ☐ No

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SKIN CARE & TREATMENT GOALS

CURRENT SKIN CARE

What type of cleanser do you currently use? ☐ Soap ☐ Cleanser ☐ Lotion ☐ Cream

Current skin care product line:

Do you use products containing mineral oil, lanolin, alcohol, color, fragrance, or formaldehyde? ☐ Yes ☐ No

Please list current products, active ingredients, or products that cause sensitivity:

Have you used glycolic acid? ☐ Yes ☐ No ☐ Unsure Percentage:

What water temperature do you cleanse with? ☐ Cool ☐ Warm ☐ Hot

How much plain water do you consume daily? ☐ 1-2 cups ☐ 3-4 cups ☐ 5-6 cups ☐ 7+ cups

Do you exercise? ☐ Yes ☐ No Times per week: Hours:

TREATMENT GOALS

Please choose up to three skin care issues you would like help with:

- ☐ Hydrate the skin
- ☐ Diminish flakiness
- ☐ Diminish wrinkles / fine lines
- ☐ Clear blackheads
- ☐ Decrease oiliness
- ☐ Lighten hyperpigmentation
- ☐ Pre-facial surgery preparation
- ☐ Smooth skin texture
- ☐ Lighten acne scarring
- ☐ Clear acne eruptions
- ☐ Minimize pore appearance
- ☐ Diminish visible capillaries
- ☐ Restore skin elasticity
- ☐ Post-facial surgery skin care

Other skin concerns or goals:

Anything else you would like your esthetician to know?

CLIENT CONTACT INFORMATION & CONSENT

CONTACT INFORMATION

Name _____ Date _____ Phone _____

Address (City, State & Zip) _____

E-mail _____ Referred by _____

Emergency Contact (Name/Phone) _____

CONSENT FOR FACIAL & SKIN CARE TREATMENTS

- I acknowledge that I have provided complete and accurate information about my health history, medications, allergies, sensitivities, current skin care products, and recent dermatologic, cosmetic, or surgical procedures.
- I understand that facial and esthetic treatments may include cleansing, exfoliation, masks, massage, extractions, and the application of professional skin care products as appropriate to the treatment selected.
- I understand that temporary tenderness, redness, swelling, sensitivity, dryness, flaking, small scabs, or superficial darkening may occur, particularly following extractions or exfoliating treatments.
- I understand that results vary from person to person and that no specific result has been guaranteed.
- I agree to inform my esthetician immediately of any unusual sensation, discomfort, or reaction so the treatment or products may be adjusted or discontinued.
- I understand that I should follow the aftercare recommendations provided by my esthetician, including appropriate sun protection and temporary avoidance of irritating or active skin care products when advised.
- I have informed The Center of medications and topical products I use, including Accutane, Retin-A, tretinoin, retinol, Differin, and similar products, as well as recent hair removal or procedures performed by a dermatologist or surgeon.
- I understand that esthetic services are cosmetic and wellness services and are not a substitute for medical diagnosis or treatment. I will seek appropriate medical care for conditions requiring medical evaluation.
- I have had the opportunity to ask questions about the treatment, its purpose, potential benefits, possible reactions, and aftercare.
- By signing below, I freely consent to receive the facial and/or esthetic treatment discussed and agree to keep my health and skin care information current at future visits.

EXTRACTIONS

If extractions are performed, I understand that temporary tenderness, redness, swelling, sensitivity, flaking, small scabs, or superficial dark spots may occur. I will follow the esthetician's aftercare instructions and avoid picking or irritating the treated areas.

Client Name (print) _____

Client Signature _____ Date _____

Esthetician Signature _____ Date _____