Studio name _____

Facial intake and consent

This takes about three minutes. Your answers go to your studio, and your esthetician reads them before your facial.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Mobile phone

Email

Emergency contact

Your skin type

Your skin

What would you like to work on?

☐ Breakouts ☐ Dryness ☐ Oiliness ☐ Sensitivity or redness ☐ Dark spots or uneven tone

☐ Texture or large pores ☐ Fine lines ☐ Nothing in particular, I'd like to relax

What do you use on your skin now? (cleanser, serums, sunscreen, prescriptions)

Extractions

☐ Yes, if my esthetician suggests them ☐ No extractions, please

Scented products

☐ Scented products are fine ☐ Unscented products only, please

Health questions

These questions are the studio's own policy. They help your esthetician plan a safe appointment. They aren't medical advice: if you have a question about your health or your medicines, ask your doctor.

Are you pregnant or nursing?

☐ Yes ☐ No

Have you taken isotretinoin (Accutane or a similar acne medicine) in the last 6 months?

☐ Yes ☐ No

When did you stop?

Have you used retinol, a prescription retinoid (such as tretinoin, adapalene or tazarotene) or an exfoliating acid on your face in the last 7 days?

☐ Yes ☐ No

Which product, and when did you last use it?

Have you had a chemical peel, microneedling, laser, waxing or another skin treatment on your face in the last 14 days?

☐ Yes ☐ No

Which treatment, and when?

Have you had neuromodulator injections (like Botox) or fillers in the area in the last 14 days?

☐ Yes ☐ No

Do you have a skin condition on or near your face, such as eczema, psoriasis, rosacea, dermatitis or an open cut or rash?

☐ Yes ☐ No

What is it?

Do you get cold sores (fever blisters)?

☐ Yes ☐ No

When was the last one?

Is the area sunburned, or have you tanned it (sun, tanning bed or self-tanner) in the last few days?

☐ Yes ☐ No

Are you allergic or sensitive to any skincare ingredient, fragrance, nuts, latex or aspirin?

☐ Yes ☐ No

Which ones, and what happened?

Do you take a medicine that makes your skin sensitive to the sun, such as some antibiotics or acne medicines?

☐ Yes ☐ No

Which ones?

Do you have a pacemaker, defibrillator or another implanted electronic device, or metal implants in your face?

☐ Yes ☐ No

Which one?

Anything else your esthetician should know about your health?

What you agree to

What to expect

A facial can include cleansing, steam, exfoliation, extractions, masks, massage and devices. My esthetician tells me what they plan to use, and I can say no to any step.

Initials

Risks

Some redness is normal for a few hours. Extractions can leave marks for a day or two, and any product can cause irritation, breakouts or an allergic reaction. If my skin reacts I'll contact the studio, and my doctor for a medical concern.

Initials

Results

Results vary from person to person and from one visit to the next. The studio doesn't promise any particular result or number of visits.

Initials

My answers

I answered the health questions truthfully. I'll tell my esthetician before my appointment if anything changes.

Initials

Stopping

I can ask my esthetician to stop at any time, and my esthetician may stop or change the service if my skin reacts.

Initials

Photos of your results

Appointment policy

Please give the studio at least 24 hours' notice to move or cancel your appointment. Arriving late may shorten your appointment so the next client starts on time.

Initials ☐

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature _____ **Date** _____

Printed name _____

For the studio only (For the studio)

Treatment notes

Products used

Devices used

☐ Steam ☐ High frequency ☐ Microcurrent ☐ LED light ☐ Ultrasonic spatula ☐ None

Extractions done

☐ None ☐ A few ☐ Full

Before and after photos

Attach a copy to this form