



New Client Skin Consult Intake Form

Please answer the questions completely and honestly. This information is strictly used to customize your service for you

Name: _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Occupation: _____

Email Address: _____ How did you hear of us? _____

Would you like to receive my monthly newsletter/Hear about specials and events? No Yes

Emergency contact: _____ Phone: _____ Relationship to you: _____

How would you describe your skin? Oily Sensitive Dry Normal Combination

What are your current top concerns with your skin and what improvements would you like to see?

1. _____ 2. _____

3. _____ 4. _____

Have you ever had a facial/body spa treatment before? No Yes, when/what? _____

What would you like to achieve from your treatment today? _____

Do you have any special skin problems on face or body? Yes No specify: _____

Which of the following best describes your skin type? (Please circle one type number)

- | | |
|---|--|
| I Creamy complexion Always burns easily, never tans | II Light Complexion Always burns, tans slightly |
| III Light/Matte Complexion Burns moderately, tans gradually | IV Matte Complexion Seldom burns, always tans well |
| V Brown Complexion Rarely burns, deep tan | VI Black Complexion Never burns, deeply pigmented |

Have you used any of the following hair removal methods in the past six weeks? Check all that apply.

Shaving Waxing Electrolysis Tweezing Stringing Depilatories

Current Medications, supplements, or vitamins

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Have you ever received the following procedures?

LED Treatment	Esthetic Laser (IPL, Fraxel, etc)	Laser Hair Removal	Microdermabrasion	Dermaplaning
Chemical Peels	Radio Frequency (RF) Treatments	Facial Waxing	Facial Ultrasound	Microneedling

Other, if yes please explain: _____

What skin care products do you use on daily basis?

Cleanser	Sunscreen	Moisturizer	Facial Scrub	Toner	Corrective Serum	Mask
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Other, if yes please explain: _____

Have you used any of the following dermatological medications in the past year?

Accutane	Topical Antibiotics	Ziana	Tazarac	EpiDuo
Retin-A	Renova	AHA (glycolic, lactic, malic)	Differin	Avage
Hydroquinone	Trentinoin	Beta Hydroxy Acid (salicylic)	Benzoyl Peroxide	

Other, if yes please explain: _____

Male Clients Only:

Shaving system? Wet shave Electric Ingrown hairs? No Yes Irritation from shaving? No Yes

Female Clients Only:

Are you currently taking birth control pills or have an IUD? Yes No

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Are you currently pregnant or breastfeeding? Yes No Are you lactating? No Yes

Are you currently experiencing Perimenopause or Menopause? Yes No

Are you currently undergoing any hormone therapies or taking any infertility drugs? Yes No

If yes, please explain: _____

Do you wear contact lenses/eyeglasses? Yes No Are you in the habit of using tanning booths? Yes No

Have you had excessive sun exposure in the last few days? Yes No Will be in the near future? Yes No

Please List Daily Habits

	Alcohol	Caffeine	Tobacco	Drugs	Water	Sugar	Carbs/Yeast
Never							
Occasionally							
Daily							

Other, if yes please explain: _____

Have you ever had an allergic reaction to any of the following?

Cosmetics	Shellfish	Iodine	Fragrance	Food	Drugs	Animals	Pollen	Medicine	Latex	Sunscreen	AHA's
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Other, if yes please explain: _____

Have you ever had any of the following conditions? Please list details below.

Thyroid Disease	Polycystic Ovarian Syndrome (PCOS)	HIV/AIDS	Arthritis	Rosacea
Heart Conditions	Bleeding Disorder (i.e. Anemia)	Fibroids	Hepatitis	Acne
Pacemaker/Metal Implants	Skin Disorder (i.e. Dermatitis)	Diabetes	Seizures	Psoriasis
Cold Sores/ Fever Blisters	Severe Headaches/Migraines	Lupus	Cancer	Eczema
Hypertrophic Scarring (i.e. Keloids)				

Other, if yes please explain: _____

List any other skin/medical concerns not covered in this form? _____

I consent to "before and after" photographs for the purpose of monitoring treatment effects, documentation, potential advertising and promotional purposes. _____

I understand that any information provided is to aid the service professional in giving better service and is completely confidential. I understand, have read and completed this questionnaire honestly and truthfully. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I agree to keep the service provider updated to any changes in my medical profile and understand that there should be no liability on the service providers part should I fail to do so. I give permission to my skin care specialist to perform treatment we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I understand my skin care specialist will take every precaution to minimize or eliminate negative reactions as much as possible. If I experience any discomfort or pain during the session, I will immediately inform the service professional. In the event I may have additional questions or concerns regarding my treatment, I will consult the skin care specialist immediately. I understand that the services offered are not a substitute for medical care. I also understand that the service provided, and advice of the provider should not be construed as a substitute for a medical examination, diagnosis, or treatment and that I should see a medical professional for any mental or physical ailment I am aware of. I understand the service professional is not qualified to diagnose, prescribe, or treat any skin disease or disorder and nothing said during the course of the appointment be construed as such. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the skin care specialist responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today. By signing below, I hereby authorize Bliss by Sherise to administer treatment services to me, and will hold Bliss by Sherise or its service providers harmless from any liability that may result from this treatment. I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____ Date: _____