Facial & Skin Care INTAKE FORM

CONFIDENTIAL SKIN CARE HISTORY

Welcome to the place to relax! We are grateful for the opportunity to work with you.
Please let us know if you have any questions or concerns regarding your visit.

PLEASE PRINT CLEARLY

LAST NAME **FIRST NAME** **MIDDLE INITIAL** **TODAY'S DATE**

Mailing Address City State ZIP

Email Address *(Required for contact-less checkout, appointment notifications, updates, specials, etc.)*

○ Home Phone ○ Mobile Phone ○ Work Phone

SELECT PREFERRED CONTACT: ○ Home Phone ○ Mobile Phone ○ Work Phone ○ Email

Emergency Contact (Name & Relationship) Phone Gender Pronouns *Optional*

Date Of Birth Age ✓ Parent / Guardian Signature + Printed Name & Relationship (Required If Under 18)

Occupation Employer

How did you hear about us? ○ Existing Client ○ Gift Certificate ○ Medical Referral ○ Social Media
○ Other: _____

IS THIS YOUR FIRST FACIAL? ○ Yes ○ No How long since your last facial? _____

Do any of the following apply to you TODAY?

○ Incontinence (Bladder, bowel) ○ Cold sores or fever blisters ○ Open cuts, bruises, burns on FACE
○ Sunburn ○ Cold or flu symptoms or fever ○ Irritated skin or rash on FACE

Which of the following best describes your skin type?

○ Sensitive ○ Dry ○ Combination ○ Oily ○ Very oily / large pores ○ Oily in T-zone, dry to normal cheeks

Do you have any concerns about your skin?

○ Acne management ○ Acne scarring ○ Age management ○ Age spots ○ Broken capillaries ○ Enlarged pores
○ Fine lines & wrinkles ○ Pigmentation ○ Scarring ○ Sun damage ○ Other: _____

Do you have any allergies or sensitivities?

○ NO ○ YES, explain_____

HEALTH HISTORY OVERVIEW

1. Have you been under the care of a physician, dermatologist or other medical professional within the past year?
   ○ NO ○ YES, explain: _____
2. Have you had any recent injections (Botox, fillers, etc.) or surgery, including plastic surgery?
   ○ NO ○ YES, explain: _____

3. Have you ever had skin cancer?
   ○ NO ○ YES, explain: _____
4. Do you have any piercings, tattoos, or permanent cosmetics?
   ○ NO ○ YES, explain_____
5. Have you ever had a facial or body spa treatment before?
   ○ NO ○ YES, When? _____
6. Are you pregnant or nursing? ○ NO ○ YES: Due / Delivery date: _____
   Prenatal caregiver / physician: _____
7. List any prescription AND over the counter medications you take regularly:
   _____
8. Do you use Retin-A, Renova, Adapalene, Differin, Tretinoin, Glycolic Acid, AHA, Salicylic Acid or Retinol/Vitamin A derivative products?
   ○ NO ○ YES, explain: _____
9. Have you ever used any prescription acne medication?
   ○ NO ○ YES, explain: _____
10. Have you been exposed to the sun or used a tanning bed in the last 48 hours?
    ○ NO ○ YES, explain: _____
11. Do you have any metal implants or wear a pacemaker?
    ○ NO ○ YES, explain? _____
12. Have you ever had an adverse reaction after using any skin care product?
    ○ Rash ○ Irritation ○ Peeling ○ Sun sensitivity ○ Breakout ○ Other: _____

DO YOU NOW, OR HAVE YOU EVER HAD, ANY OF THE FOLLOWING HEALTH CONDITIONS?

○ Arthritis	○ Herpes	○ Psoriasis
○ Asthma	○ High blood pressure	○ Psychological treatment
○ Blood clotting abnormalities	○ HIV/AIDS	○ Rosacea
○ Cancer	○ Hormone imbalance	○ Seizure disorder
○ Diabetes	○ Hysterectomy	○ Skin disease / skin lesions
○ Eczema	○ Insomnia	○ Spinal injury
○ Epilepsy	○ Keloid scarring	○ Staph infection
○ Fever blisters	○ Lupus	○ Systemic disease
○ Frequent cold sores	○ Metal bone pins or plates	○ Telangiectasia / Couperose
○ Headaches (chronic)	○ MRSA	○ Thyroid condition
○ Heart problem	○ Neck pain	○ TB
○ Hepatitis	○ Phlebitis, blood clots, poor circulation	○ Varicose veins

○ Other: _____

APPOINTMENT POLICY:

- We require **24-HOURS NOTICE to cancel or reschedule** an appointment. Failure to honor this policy will result in a CANCELLATION FEE of 50% of the value of your service -- as well as require a 50% deposit for future appointments.
- Neglecting to call us to cancel an appointment will result in a NO SHOW FEE of 100% of the value of your service, payable before any future appointment can be booked – as well as requiring 50% deposit for all future appointments.
- A CREDIT CARD on file is required to HOLD all appointments. A 50% DEPOSIT is required for all appointments booked online. A 50% DEPOSIT may also be required for groups, couples, and other select appointments.

ACKNOWLEDGEMENT:

I confirm that the information provided herein is true and accurate to the best of my knowledge. I understand that a facial is not a substitute for medical care and that no diagnosis will be made. I give consent for the use of my confidential health Information for the specific purpose of providing treatment to me and for general administration operations of Bodyworks Massage Center Inc. (BMC). I have read, understand, and agree to abide by the terms of BMC's "APPOINTMENT POLICY" as shown above and understand that payment is due when services are rendered and in compliance with said policy.

✓_____ _____

Signature Date