

FACIAL TREATMENT

client intake form

CLIENT INFORMATION

Name: _____ Surname: _____
Date of Birth: _____ Email: _____
Address: _____ City: _____ Post Code: _____
Phone: _____ Emergency Contact: _____

SKIN HISTORY

Have you had a professional facial treatment before? Yes No
If yes, please specify: _____

Do you currently use any prescription skincare (Retin-A, Accutane)? Yes No
If yes, please specify: _____

Have you had any chemical peels, microdermabrasion, or laser in the last 30 days? Yes No
If yes, please specify: _____

Do you have sensitive skin or any known reactions to skincare products? Yes No
If yes, please specify: _____

Do you have any active breakouts, cold sores, or open lesions? Yes No
If yes, please specify: _____

Are you currently using exfoliating acids (AHA/BHA, retinol)? Yes No
If yes, please specify: _____

Client Signature

Date