



New Client Intake Form

Date: _____

Name: _____ Birthday: _____

Address: _____ City/Zip: _____

Email: _____ Phone: _____

Preferred method for reminders: _____ Occupation: _____

How did you hear about us? _____

Medications: _____

Emergency Contact Name/Relationship: _____ Phone : _____

Your skin goals and concerns: _____

Your skin type? Normal Oily Sensitive Dry Acne Mature/Aging

What skin products/frequency are you currently using? _____

What makeup products are you currently using? _____

Does your job or lifestyle require that you work/function outside: _____

Do you wax your facial skin on a regular basis? _____ Last time? _____

Have you ever had facials, chemical peels, microdermabrasion or any resurfacing treatments? _____ If yes, which type and when was the last time? _____

Are you using Retin-A? _____ Are you using Benzoyl Peroxide? _____

Have you received botox or fillers, if so when? _____

Are you using any topical acne medications? _____

Do you have any allergies or sensitivities? _____

Do you have any health issues such as:

<input type="checkbox"/> Cancer	<input type="checkbox"/> Circulatory issues	<input type="checkbox"/> Hormonal imbalance
<input type="checkbox"/> Hysterectomy	<input type="checkbox"/> Thyroid issues	<input type="checkbox"/> Diabetes
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Lactating
<input type="checkbox"/> Cold Sores	<input type="checkbox"/> Eczema	<input type="checkbox"/> Psoriasis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Smoker	<input type="checkbox"/> Asthma
<input type="checkbox"/> Cardiac issues	<input type="checkbox"/> Immune disorders	<input type="checkbox"/> Other _____

Are you taking any medications, including antibiotics? _____

Questions or Concerns: _____

I have read and completed this questionnaire truthfully. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive are voluntary and I release Body Fountain and/or the skin care professional from liability.

Signature: _____ Date: _____