Esthetician Client Intake

Comprehensive skin care intake form for facial treatments, skin analysis, and esthetic services

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Skin Analysis

How would you describe your skin type? *

- [ ] Dry — feels tight, may flake
- [ ] Oily — shiny, enlarged pores
- [ ] Combination — oily T-zone, dry cheeks
- [ ] Normal — balanced, minimal issues
- [ ] Sensitive — easily irritated, reactive
- [ ] Dehydrated — lacks moisture but may still be oily

What are your primary skin concerns? (select all that apply) *

- [ ] Acne / Breakouts
- [ ] Aging / Fine lines / Wrinkles
- [ ] Hyperpigmentation / Dark spots
- [ ] Redness / Rosacea
- [ ] Dullness / Uneven tone
- [ ] Rough texture / Large pores
- [ ] Dryness / Flaking
- [ ] Sun damage
- [ ] Acne scars
- [ ] Under-eye circles / Puffiness
- [ ] Blackheads / Congestion

What results are you hoping to achieve? *

Skin & Treatment History

Describe your current skincare routine *

Have you had professional facial treatments before? *

- [ ] Yes, regularly
- [ ] Yes, occasionally
- [ ] No, this is my first

Have you had any of the following in the past 4 weeks?

- [ ] Chemical peel
- [ ] Microneedling
- [ ] Laser treatment
- [ ] Microdermabrasion
- [ ] Botox or filler
- [ ] Facial waxing
- [ ] None of the above

Are you using any prescription skincare products?

Health Information

Do you have any of the following conditions?

- [ ] Eczema
- [ ] Psoriasis
- [ ] Rosacea (diagnosed)
- [ ] Cold sores / Herpes simplex
- [ ] Diabetes
- [ ] Autoimmune disorder
- [ ] Cancer (current or undergoing treatment)
- [ ] History of keloid scarring
- [ ] Pregnant or nursing
- [ ] None of the above

Known allergies (skincare ingredients, latex, fragrances, etc.) *

Current medications (including supplements)

Have you taken Accutane (isotretinoin) in the past 6 months? *

- [ ] Yes
- [ ] No

Service Selection

Services of Interest *

- [ ] Basic / Classic Facial
- [ ] Deep Cleansing Facial
- [ ] HydraFacial
- [ ] Anti-Aging Facial
- [ ] Brightening / Pigmentation Facial
- [ ] Acne Facial
- [ ] Sensitive Skin Facial
- [ ] Dermaplaning
- [ ] LED Light Therapy
- [ ] Oxygen Facial
- [ ] Custom / Esthetician's Recommendation

Service Log

For office use only

	Date	Step	Product	Notes
Entry 1				

	Date	Step	Product	Notes
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I certify that the information provided is accurate and complete. I understand that my esthetician will use this information to customize my treatment. I consent to the skin care services selected above and understand that results vary by individual. I agree to notify the esthetician of any discomfort during treatment.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY