



Chiropractic - Spinal Decompression - Massage - Skin Care

Skin Care Client Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ How did you hear about us? _____

Email address: _____

Have you ever had a facial before? Yes _____ No _____ If so, when? _____

What type of skin do you have? Oily _____ Skin _____ Dry Skin _____ Combination _____

What skin care products do you use? Soap _____ Cleanser _____ Toner _____

Masque _____ Scrub/Peel _____ Moisturizer _____ Sunscreen _____ Other _____

What temperature water do you use to cleanse with? Cool _____ Warm _____ Hot _____

Do you have any special skin care problems pertaining to your face and/or body? Yes _____ No _____

If yes, please explain _____

Have you had any reaction to any of the following? Cosmetics _____ Medicine _____ Aspirin _____

Fragrance _____ Sunscreen _____ Pollen _____ Iodine _____ AHAs _____

Animals _____ Food _____ Other _____

Do you burn easily in moderate sunlight? Yes _____ No _____ Do you use Retin-A? Yes _____ No _____

Do you wear contact lenses? Yes _____ No _____ Do you wear sunscreen daily? Yes _____ No _____

Have you had chemical peels before? Yes _____ No _____ Do you smoke? Yes _____ No _____

Have you used any dermal injections/fillers within the last 6 months? Yes _____ No _____

If so, explain: _____

Female Clients Only: Are you currently pregnant or trying to become pregnant? Yes _____ No _____

Are you currently seeing a physician for a specific medical reason? Yes _____ No _____

If yes, please explain _____

Do you currently take any medications or vitamins? Yes _____ No _____

If yes, please specify _____

Client Consent: I understand and have read and completed the questionnaire truthfully. I agree that this constitutes full disclosure, and that it supercedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform the esthetician of my current medical or health conditions and to update this history. I understand that the services offered are not a substitute for medical care and any information provided by the esthetician is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the esthetician in giving better service and is completely confidential. The treatments I receive here are voluntary and I release The Spa at Deerfield Health and Wellness and/or skin care professional from any liability and assume full responsibility thereof.

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____