THE

GOODFACE

Esthetics Intake Form

Name:_____DOB:_____Phone:_____
Address:_____
Email:_____Occupation:_____
How did you hear about us?_____

Conditions you are currently experiencing today (please circle all that apply):
Headache Inflamation Muscle Cramps Anxiety Fatigue Insomnia Stress Forgetfulness

Which aroma(s) do you prefer? (please circle all that apply)
Lavender Citrus Geranium Peppermint Lemongrass Patchouli Eucalyptus Frankincense

Esthetics Information

What type of skin do you have?
Normal Oily Dry Combination

What areas of concern do you have regarding your skin? (please circle all that apply)

Breakouts/Acne	Blaclheads/Whiteheads	Uneven Skin Tone	Sun Damage
Eccessive Oil/Shine	Wrinkles/Fine Lines	Dull Dry Skin	Rosacea
Broken Capillaries	Redness/Ruddiness	Dehydrated	Sun, Liver, Brown Spots

Other:_____

Have you been under the care of a dermatologist within the past year? Yes No
If yes, Please explain:_____

Have you ever had an allergic reaction to any of the following?

Cosmetics	Medicine	Food	Animals	Sunscreen	Drugs
Iodine	Pollen	AHA's	Fragrance	Shellfish	Latex

Other:_____

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's, or Retinol/Vitamin A derivative products? Yes No
If yes, please describe:_____

Have you received Botox, Restylane, or Collagen injections in the last 6 months? Yes No
If yes, please specify:_____

By signing below, yoiu agree to the following:

I have completed this form to the best of my abilityand knowledge and agree to inform the technician of any changes in the above information. I have been informed of an undrstand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician and The Goodface for any injury or damages incurred due to any misrepresentation of my health history.

Client Signature:_____Date:_____

Technician Signature:_____Date:_____