Esthetician Intake Form

New client consultation and skin history for facial and skin treatments.

ORGANISATION

DATE

Client details

FULL NAME

DATE OF BIRTH

DATE OF VISIT

MOBILE

EMAIL

OCCUPATION

EMERGENCY CONTACT

PHONE

REFERRED BY

Skin history

HOW WOULD YOU DESCRIBE YOUR SKIN

- [ ] Normal
- [ ] Dry
- [ ] Oily
- [ ] Combination
- [ ] Sensitive

CURRENT CONCERNS (TICK ANY)

- [ ] Acne or breakouts
- [ ] Redness or rosacea
- [ ] Dehydration
- [ ] Dullness
- [ ] Congestion
- [ ] Fine lines
- [ ] Scarring
- [ ] Sun damage
- [ ] Pigmentation
- [ ] Loss of firmness
- [ ] Enlarged pores
- [ ] Uneven texture

CURRENT SKINCARE PRODUCTS AND BRANDS USED

ACTIVE INGREDIENTS IN USE (RETINOIDS, ACIDS, VITAMIN C, BENZOYL PEROXIDE)

PREVIOUS PROFESSIONAL TREATMENTS AND DATES

ANY ADVERSE REACTIONS

Health screening

Some of these affect which treatments are safe. Please complete all of them.

DO ANY OF THESE APPLY

- [ ] Pregnant or breastfeeding
- [ ] Recent sunburn or tanning
- [ ] Keloid scarring
- [ ] Recent facial surgery
- [ ] Accutane or isotretinoin in last 12 months
- [ ] Diabetes
- [ ] Epilepsy
- [ ] Botox or filler in last 2 weeks
- [ ] Active cold sore or infection
- [ ] Autoimmune condition
- [ ] Blood thinning medication
- [ ] Undergoing cancer treatment

KNOWN ALLERGIES (PRODUCTS, LATEX, FRAGRANCE, MEDICATIONS)

CURRENT MEDICATIONS

DETAILS FOR ANYTHING TICKED ABOVE

Lifestyle

DAILY SPF USE

SUN EXPOSURE

SMOKING

WATER INTAKE

SLEEP AND STRESS LEVELS

HOME CARE ROUTINE YOU WILL REALISTICALLY KEEP TO

Treatment plan

Completed by the practitioner.

SKIN ANALYSIS FINDINGS

TREATMENT PERFORMED TODAY

PRODUCTS USED

HOME CARE RECOMMENDED

NEXT APPOINTMENT

> A patch test is required before any first-time chemical exfoliation, peel or new active product. Record the patch test date and result on this form.

PATCH TEST DATE

PRODUCT TESTED

RESULT

Client declaration

- [ ] The information I have given is true and complete to the best of my knowledge
- [ ] I understand the expected outcomes, risks and possible reactions explained to me
- [ ] I agree to follow the aftercare instructions provided
- [ ] I will inform my practitioner of any change to my health or medication before future treatments

CLIENT SIGNATURE

PRINT NAME

DATE

PRACTITIONER SIGNATURE

PRINT NAME

DATE