

SKINCARE INTAKE FORM



CONTACT

Name _____ Date of Birth ____ / ____ / ____

Email _____

Phone (_____) _____ - _____ Home Cell Work Other It is okay to text me!

Address _____

City _____ State _____ Zip _____

Occupation _____

Emergency Contact _____

Phone (_____) _____ - _____ Relationship _____

HISTORY

How did you hear about us? TV/Radio Email Drive By/Signs LaVida Massage Employee
 Gift Cards Internet Search Print Ad LaVida Massage Client (who? _____)
 Other (_____)

How often do you receive each of the following:

FACIALS:	<input type="checkbox"/> First time	<input type="checkbox"/> Once a year	<input type="checkbox"/> 2-3 times/yr	<input type="checkbox"/> 4-6 times/yr	<input type="checkbox"/> 7+ times/yr
WAXING:	<input type="checkbox"/> First time	<input type="checkbox"/> Once a year	<input type="checkbox"/> 2-3 times/yr	<input type="checkbox"/> 4-6 times/yr	<input type="checkbox"/> 7+ times/yr
PEELS:	<input type="checkbox"/> First time	<input type="checkbox"/> Once a year	<input type="checkbox"/> 2-3 times/yr	<input type="checkbox"/> 4-6 times/yr	<input type="checkbox"/> 7+ times/yr

What changes would you like to see in your skin? _____

MEDICAL CONDITIONS

Medical Conditions - Check All That Apply: Athletes Foot Bruise easily Burns/sunburns Bumps
 Ingrown hairs Cold sores Hyper-pigmentation
Do you have any allergies? If yes, please specify: Gluten Iodine Milk Nuts Seafood
 Soy Other (_____)
Have you used any cosmetic injectables or fillers in the past 2 years: Botox Dermal Fillers Restylane
 Other (_____)

Do you have a pacemaker or any other electronic device within your body? No Yes
 If yes, please specify what device you have: _____

List any other skin conditions or cosmetic/surgical procedures you've experienced in the last 2 years: _____

Do you use a tanning bed? If so, when was your last tanning session? _____

Are you pregnant or trying to become pregnant? No Yes **If yes, how many weeks?** ____ **Due Date:** ____ / ____ / ____

Are you currently using, or have you ever used any of the following: Accutane Alpha-hydroxy acid Glycolic acid
 Resorcinol Retin-A Any other skin thinning medications (_____)

Please list any medications you are taking: _____

Medications: Medication use increases the possibility of a reaction; inform the esthetician if you've begun taking any medications
Waxing: Can have side effects such as skin removal, redness, scabbing, bruising, scarring, swelling, tenderness, hyper-pigmentation and/or pimples. Waxing of soft tissue can tear skin resulting in need for stitches. Please arrive showered with hair trimmed to 1/4 to 1/2 inch. Do not shave for 3 weeks before body waxing.
Glycolic Acid: Use can cause redness, peeling and mild discomfort. Limit sun exposure; use broad spectrum sunscreen during treatment.
Disclaimer: LaVida Massage will not be held liable for any injury or condition that arises from esthetic treatments despite completion of this form. The form is intended as an assessment tool only and serves as a guide for esthetic treatments.

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I agree to inform my esthetician immediately of any change in the conditions stated above. I acknowledge that this information is confidential and intended for review by estheticians, that a medical referral may be requested of me, and that LaVida Massage is not liable for the management of any condition. I also understand that any illicit or sexually suggestive remarks or advances made by myself will result in immediate termination of the session, and that I will be liable for full payment of the session.

CLIENT NAME (PRINT) _____

CLIENT SIGNATURE _____ DATE: _____

IF MINOR, SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____