

## 5 Elements Facial Intake Form

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to receive emails regarding promotions, specials, and sales? **YES/NO**

Conditions you are currently experiencing today (Please select all that apply):

Headache  Inflammation  Muscle Cramps  Anxiety  Fatigue  Insomnia  Stress  Forgetfulness

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

What is your current skin care regiment? \_\_\_\_\_

What areas of concern do you have regarding your skin?

Breakouts/Acne  Blackheads/Whiteheads  Uneven Skin Tone  Sun Damage

Excessive 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  AHAs  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, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand 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 employer for any injury or damages incurred due to any misrepresentation of my health history.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date