

# Client Intake Form

(Estheticians)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status:  Single  Married

Children's Names and Ages: \_\_\_\_\_

Name of Spouse/Significant Other: \_\_\_\_\_

Preferred Appointment Day and Time: \_\_\_\_\_

Referred By: Name: \_\_\_\_\_

Yellow Pages  Ad  Sign  Other: \_\_\_\_\_

What are your long-term skin care goals? \_\_\_\_\_

What are your goals for this treatment? \_\_\_\_\_

Present Symptoms: What is your major complaint or condition you want to improve? \_\_\_\_\_

What activities and products have you used to address this condition? \_\_\_\_\_

What activities or products aggravate the condition? \_\_\_\_\_

What activities or products improve the condition? \_\_\_\_\_

Are you under medical/therapeutic treatment?  Yes  No

If yes, for what condition? \_\_\_\_\_

Please list your care provider's name and phone number: \_\_\_\_\_

List any medications (including aspirin) and nutritional supplements you are taking: \_\_\_\_\_

Specify any known allergies: \_\_\_\_\_

Please list any additional comments regarding your skin care or general well-being: \_\_\_\_\_