



CLIENT INTAKE FORM-FACIAL Name: _____ Home Phone#: _____

Cell#: _____ Address: _____ City: _____ State: _____ Zip: _____

DOB: ___/___/___ Occupation: _____ Emergency Contact: _____ Phone: _____

Email Address: _____ How did you hear about us? _____
Your email address & contact info will not be sold or given to any 3rd party

What are your areas of concern? _____ What are your goals for this treatment? _____

Are you presently under a physician's care for any current skin condition or problem? No Yes: _____

Sun Exposure in the last 48 Hours? Yes No Waxing in the last 24 Hours? Yes No

Any reactions after using any skin care product? Yes No If yes, please explain: _____

SKIN TYPE EVALUATION: Normal/Combo Oily Sensitive Mild Acne Moderate Acne Maturing & Aging

ARE YOU PRESENTLY USING OR USED IN THE PAST:

- Azlex Renova Tazarac Alpha Hydroxy Acids
- Differin Retin-A Glycolic Accutane
- Botox Laser Treatment Fillers Retinol
- Salicylic Acne Rx Chemical/Enzyme Peel Hydroquinone/Bleaching Creme
- Benzoyl Peroxide Mole-Lesion Removal Contact Lenses
- Current Medications: _____ Taking Birth Control -Type: _____

PLEASE MARK ALL CURRENT AND PAST CONDITIONS:

- Skin Cancer Asthma Hysterectomy Anxiety
- Stress Fever Blisters Lupus Cardiac Problems
- Smoker Headaches-chronic Depression Epilepsy
- Skin Disease Immune Disorders Herpes Hepatitis
- Plastic Surgery High Blood Pressure Metal Bone, pins or plates Pregnant -How many months _____
- Eczema Rosacea Dermatitis Hyper/Hypo Pigmentation
- Allergies: _____

Please explain any checked conditions listed above and anything else you think your Esthetician should be aware of:

Lavender Loyalty Program: Introductory rate for 1st visit only. Not valid for clients in the last 12 months. Lavender Loyalty clients receive discounted rates & packages and earn rewards. NO Membership Required. If you decline to pre-purchase standard rates will apply for any future services. Each service purchased will be valid for 30 days from the date of purchase. There is a \$10 charge to utilize an expired service, as well as a \$10 charge to gift a prepaid service.

Disclaimer: Session includes 5 minutes for consultation and 5 minutes to undress/redress. I have read the above information and have given accurate account of the questions. If I have any concerns, I will address them with my esthetician before the service. I understand that the services offered are not a substitute for medical care and any information provided by the esthetician is for education purposes and not diagnostically prescriptive in nature. I give permission to my esthetician to perform the facial service and will not hold the esthetician nor Spa Lavender accountable for any liability that may result from this treatment. I understand that the information herein is to aid the esthetician in giving a better service and completely confidential.

Cancellation Policy: By signing this intake form you agree that if you need to cancel or reschedule an appointment, you will have to do so within 24 hours of your appointment, to avoid being charged a fee. Any same day cancellations, not showing up to your appointment or changing your appointment the same day will result in a \$25 cancellation fee.

Client Signature (Parent/Guardian if Minor): _____ Date: _____