**Confidential Client In-Take Form (Skin Care)**

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| --- | --- |
| First Name: Last Name: | Date: |
| Address: | Occupation: |
| City: State: Zip Code: | Date of Birth: |
| Email: | Phone: |
| Emergency Contact & Phone: | Name of Referral: |
| Do you want to be on our Email list for promotions? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_ | How did you hear about us? |

Please take a moment to carefully read/fill-out the following form and sign where indicated. If you have a specific medical condition or specific symptoms, facials and/or Body treatment may be contraindicated.

1) Have you been under the care of a physician, dermatologist or other medical professional within the past year? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_

explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Any skin cancer? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_ explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Do you smoke? Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

4) Do you follow a regular exercise program? Yes \_\_\_ No\_\_\_\_

5) What is your stress level? ❍ High \_\_\_\_\_\_\_ Medium \_\_\_\_\_\_\_ Low\_\_\_\_\_\_\_

6)List any medications (including vitamins, herbal supplements, aspirin, etc.)

you take regularly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Do you use Retin-A, Renova, Glycolic Acid, AHA, Salicylic Acid, Retinol/ Vitamin-A derivative products? ❍ Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8) Have you had a: Chemical Peel \_\_\_\_\_ Microdermabrasion \_\_\_\_\_ Botox\_\_\_\_\_ Other resurfacing treatments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None\_\_\_\_\_\_\_\_

9) Have you used an acne medication? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Which Medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) Are you currently using any products that contain: Retin A\_\_\_\_\_ Glycolic Acid\_\_\_\_\_ Lactic Acid\_\_\_\_\_ Hydroxy Acid\_\_\_\_\_ Vitamin A\_\_\_\_\_\_ None of Above \_\_\_\_\_\_\_\_

11) Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? Yes \_\_\_\_\_\_\_No\_\_\_\_\_\_\_

describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12) List your daily consumption of: Water \_\_\_\_\_\_ Caffeine \_\_\_\_\_\_\_ Alcohol \_\_\_\_\_\_\_

13) How many hours do you typically sleep each night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14) Do you wear contact lenses? Yes \_\_\_\_\_\_No\_\_\_\_\_\_\_\_

15) How frequently are you exposed to the sun?

 Infrequently \_\_\_\_\_\_\_\_\_Frequently \_\_\_\_\_\_\_\_\_\_\_\_How Frequently \_\_\_\_\_\_\_\_\_\_\_

16) Do you have any metal implants or wear a pacemaker? Yes \_\_\_\_\_\_No\_\_\_\_\_\_\_\_

17) Have you ever had an adverse reaction after using any skin care product?

(Please circle or mark any that apply)

Rash\_\_\_\_\_ Irritation\_\_\_\_\_ Peeling\_\_\_\_\_ Sensitivity\_\_\_\_\_ Breakout\_\_\_\_\_\_\_

18) Have you ever had an allergic reaction to any of the following? (Please circle any that apply and explain) Cosmetics\_\_\_\_\_\_ Medicine\_\_\_\_\_\_ Food\_\_\_\_\_\_ Animals\_\_\_\_\_\_\_ Sunscreens\_\_\_\_\_\_\_ Iodine\_\_\_\_\_\_\_ Pollen AHAs\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19) How often do you receive skin care treatment? Weekly\_\_\_\_\_ Monthly \_\_\_\_\_\_

Quarterly \_\_\_\_\_ Never\_\_\_\_\_\_

20) Do you have any skin concerns today? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Wrinkles\_\_\_\_\_\_ Acne\_\_\_\_\_\_ Sensitivity \_\_\_\_\_\_ Oily \_\_\_\_\_\_\_ Skin discomfort\_\_\_\_\_\_\_ (dehydration)\_\_\_\_\_\_\_\_ Pigmentation spots \_\_\_\_\_\_\_\_\_\_\_ Loss of skin firmness\_\_\_\_\_\_\_ Comedones (blackhead or Whitehead)\_\_\_\_\_\_\_\_\_

Dark circles\_\_\_\_\_\_ Wrinkles around eye area\_\_\_\_\_\_ Puffy eyelids\_\_\_\_\_\_\_

Please describe any others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21) Are you pregnant? (Female only)Yes \_\_\_\_\_No\_\_\_\_\_ how many weeks? \_\_\_\_\_\_\_\_\_

22) Any menopause challenges? (Female only)Yes \_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Clients**

**CANCELLATION POLICY**
Your spa treatments are reserved especially for you. We value your business and ask that if you are unable to make your appointment, to please give us 24 HOUR NOTICE and we will be happy to reschedule your appointment to a more convenient time. We recognize that the time of our clients and staff is valuable and this is will allow other clients to use the now available time slot. Clients who miss their appointment without giving any prior notification will be considered a “NO SHOW” and will be charged in full for the scheduled service. Clients who cancel with LESS THAN 24 HOUR notice will be charged half of the scheduled service rate. We do understand that emergency situations happen and will do our best to accommodate your situation.

**LATE ARRIVALS**
while we do our best to accommodate all clients, and understand that being late is sometimes unavoidable, we ask that if you are running late to please call and let us know.  We prefer not to have to shorten or reschedule appointments but depending on circumstances and availability may need to and you will still be responsible for payment for the full service.
If you are more than 15 minutes late and do not let us know, your appointment may be cancelled and will be considered a “NO SHOW” in which the cancellation fee will apply.

**PRODUCT & GIFT CERTIFICATE POLICY**
Any unopened & unused products can be returned or exchanged within 14 days with original receipt. We are unable to process any returns or reimburse any payment transactions on gift certificates, even if lost, misplaced or stolen. Gift certificates cannot be redeemed for cash and cannot be applied to gratuities. \*All Spa Series, Gift Certificate and Spa Membership sales are final and non-refundable.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin/body from treatments received. I am aware that it is my responsibility to inform the Annie Beauty Spa professional of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release Annie Beauty Spa and/or the skin care professional from liability and assume full responsibility thereof.

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**