

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: _____