

Sunkissed Skin Bar

Facial Treatment Intake Form

Client's Information

Full Name: _____

Date of Birth: _____

Age: _____

Female

Male

NB

Address: _____

City: _____

ZIP Code: _____

E-mail: _____

Phone: _____

Medical Information

Please check any of the following that apply to you:

Pregnant

Nursing

Skin Allergies

Allergies to Specific Ingredients or Products: _____

Medical Conditions: _____

Recent Facial Surgeries or Treatments: _____

Other Medical Concerns: _____

Skin History

Please check any of the following that apply to you:

Oily

Dry

Combination

Other: _____

Sensitive

Acne-Prone

Aging

Current Skincare Routine

Products used: _____

Frequency: _____

Concern or goals: _____

Consent and Agreement

I understand that the facial treatment is not a substitute for medical treatment or advice. I have provided accurate information to the best of my knowledge. I consent to the facial treatment and agree to follow the technician's recommendations for aftercare and skincare.

Client's Signature: _____

Date: _____