

Mickie Grist, Licensed Esthetician, LMT
Skincare Intake Form

Date: _____ Name: _____ Referred By: _____

Address: _____

Phone Number: _____ Birthday: _____

Email: _____ Occupation: _____

Age Range: under 21 21-30 31-40 41-50 over 50

Would you like us to email you special offers? Yes _____ No _____

Would you like us to call you to remind you of your appointments? Yes ___ No ___

Health Problems: Cancer Diabetes Herpes Hepatitis High Blood Pressure Rosacea Acne HIV
Heart Condition Sunburn Arthritis Skin Disorder Allergies

If yes, please explain: _____

Do you have allergies to any products or ingredients? Yes _____ No _____

If yes, please explain: _____

Current Medications: _____

If yes, please explain: _____

Do you use Acutance, Retin-A, or a topical peeling agent? _____

Have you had any of the following: Peel Dermabrasion Laser Resurfacing Cosmetic Surgery

Recent Injuries or Open Sores: Yes ___ No ___ Recent Surgery: Yes ___ No ___

Are you pregnant or trying to become pregnant? Yes ___ No ___

Do you smoke? Yes ___ No ___

Female Clients Only

Are you taking oral contraception? Yes ___ No ___

Skin Problems

What three skin problems would you like to see improve?

1) _____

2) _____

3) _____

The main concerns I have with my eye area are:

Dark Circles Puffiness Fine lines & wrinkles

Lifestyle

Rate your current stress level on a scale of 1-10 _____

Daily Water Consumption _____ Coffee/Alcohol Consumption _____

Caffeinated Soft Drink Consumption _____ Regular sleep pattern Yes ___ No ___

Massage Preference Light Medium Firm

Personal Skin Care Routine

Cleanse: Yes _____ No _____ Product Name _____

Toner: Yes _____ No _____ Product Name _____

Moisturize: Yes _____ No _____ Product Name _____

Exfoliate: Yes _____ No _____ Product Name _____

Mask: Yes _____ No _____ Product Name _____

It is my choice to receive skin care services and I acknowledge that all therapy received by me is to be of a therapeutic nature for the relaxation and well-being of my body and mind. I agree to communicate with my therapist if I feel that my well being is being compromised. I understand that estheticians do not diagnose illness, disease, or any physical disorders; nor do they prescribe any medical treatments or pharmaceuticals. I understand that an esthetic service is not a substitute for medical examination or diagnosis by a dermatologist, and it is recommended that I see my physician for those services. I have stated all medical conditions that I am aware of and will advise my therapist of any changes in my health status.

I agree to give at least 24 hours cancellation notice if I cannot meet my scheduled appointment so that another client may be scheduled in that time slot. Otherwise, a \$25 cancellation fee will be charged.

Signature _____ Date _____

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DOSHA QUIZ

Answer the following questions and add up your scores.

Body Frame:

- a) I am thin, lanky, or slender with prominent joints and thin muscles.
- b) I have a medium symmetrical muscle build with good muscle development
- c) I have a large, round, or stocky build. My frame is broad, stout, or thick.

Weight:

- a) Low: I may forget to eat or have a tendency to lose weight
- b) Moderate: It is easy for me to gain or lose weight if I put my mind to it.
- c) Heavy: I gain weight easily and have difficulty losing it.

Eyes:

- a) My eyes are small and active
- b) I have a penetrating gaze.
- c) I have large, pleasant eyes.

Complexion:

- a) My skin is dry, rough, or thin
- b) My skin is warm, reddish in color and prone to irritation
- c) My skin is thick, moist, and smooth

Hair:

- a) My hair is dry, brittle, or frizzy.
- b) My hair is fine with a tendency towards early thinning or graying
- c) I have abundant thick and oily hair

Joints:

- a) My joints are thin and prominent and have a tendency to crack
- b) My joints are loose and flexible
- c) My joints are large, well knit, and padded

Sleep Pattern:

- a) I am a light sleeper with a tendency to awaken easily
- b) I am a moderately sound sleeper, usually needing less than eight hours to feel well rested
- c) My sleep is deep and long. I tend to awaken slowly in the morning.

Body Temperature:

- a) My hands and feet are usually cold and I prefer warm temperatures.
- b) I am usually warm regardless of the season, and prefer cooler environments.
- c) I am adaptable to most temperatures, but do not like cold, wet days.

Temperament:

- a) I am lively and enthusiastic by nature. I like to change.
- b) I am purposeful and intense. I like to convince.
- c) I am easy going and accepting. I like to support.

Under Stress:

- a) I become anxious and/or worried
- b) I become irritable and/or aggressive
- c) I become withdrawn and/or reclusive.

Your Personal Score

Total # of a's _____

Total # of b's _____

Total # of c's _____