The Enlightened Skincare Clinic

Intuitive Aesthetic Wellness

Confidential Health Intake Form

(Please Print)

Today's Date: _____

Client Information

Name: _____ **DOB**: _____

Address: _____ **Home Phone**: _____

City: _____ **Cell Phone**: _____

State: _____ Zip: _____ Email: _____

How did you hear about us? _____

Lifestyle Questions

Please circle your average daily stress level (1-low, 10-high) 1 2 3 4 5 6 7 8 9 10

How many hours of sleep per night? _____ **Do you meditate?** _____

How many hours of weekly exercise? _____ **Types of exercise?** _____

How much water consumed daily? _____ **How much caffeine?** _____

What does your weekly diet consist of? _____

_____

_____

Do you drink alcohol? _____ **How often?** _____ **How does your body typically respond to alcohol consumption?** _____

Do you/did you smoke? _____ **If applicable, when did you stop?** _____

How much UV exposure do you get weekly (sun or tanning bed)? _____

continued on next page

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Medical Information

Are you currently or have you ever been treated for any of the following? Check all that apply:

____ Acne ____ Depression ____ High/Low Blood pressure ____ Heart Disease ____ Epilepsy

____ Skin Disease/Irritation/Infection ____Cancer ____Diabetes ____ Cold Sores (Herpes Simplex)

____ Hormone Therapy ____ IVF ____ Autoimmune Conditions ____ Thyroid ____ Claustrophobia

Do you have any metal implants (Pacemaker, pins in bones)? _____

Have you ever taken Accutane? _____ Are you using retinoids (Retin-A or Retinol)? _____

Have you every applied Benzoyl Peroxide (OTC or prescription)? _____

List all (past or current) oral or topical medications: _____

_____

Please list all allergies:

Food: _____

Drug: _____

~~Environmental~~: _____

Please list and explain any past skin reactions or sensitivities: _____

_____

Are you pregnant or lactating? _____ Are you trying to conceive? _____

Please elaborate on any of the above as necessary: _____

_____

_____

continued on next page

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Skin Care Information

What skincare issues or concerns are you needing help with? _____

_____

_____

What emotions do you feel about your skin concerns (worry, frustration, anger, depression, etc)? _____

_____

In what ways do you feel stuck with your skin results or lack thereof? _____

_____

What products and brands are you currently or most recently using? _____

_____

How are the results with these products? _____

When was your last professional facial treatment or session? _____

Circle how you currently feel about the overall quality of your skin's health: 1 2 3 4 5 6 7 8 9 10

Do you feel comfortable in public without wearing makeup or cover-up? _____

What would you like to learn more about in terms of skin and skincare? _____

_____

In what ways are you hoping I can help you on your skincare journey? _____

_____

Thank you for completing this confidential intake form. This information will allow your skin care specialist to provide the best level of care, products and services.

Client Signature: _____ **Date**: _____

Technician Signature: _____ **Date**: _____