

# Massages with Purpose and Skin Care

(321) 480-9986

... Where Healing Begins



## SKINCARE INTAKE FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Occupation \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Referred By \_\_\_\_\_

When was your last skincare treatment? \_\_\_\_\_

How committed are you with resurfacing and maintaining your youth and daily skincare routine?  
\_\_\_\_\_

What are your skincare goals for your treatment today and home self-care?

- To be Pampered with a beautiful facial treatment
- To be Pampered with a beautiful facial treatment, and a few (1-2) recommended home self-care products
- To be Pampered with a beautiful facial treatment, and a recommended complete home self-care protocol



What skin conditions do you think you have:

- Dehydrated
- Sensitive
- Acne
- Premature Aging
- Uneven Pigmentation

What type of skin do you think you have?

- Normal
- Oily
- Dry
- Combination

What areas of concern do you have with your skin?

- Breakouts / Acne
- Blackheads / Whiteheads
- Blotchy / Uneven skin
- Sun Damage
- Brown Spots
- Excessive Oil / Shine
- Broken Capillaries
- Wrinkles
- Dull / Dry Skin
- Rosacea / Redness
- Loss of Elasticity / Sagging
- Dark Circles

What Skin Products do you Currently Use? \_\_\_\_\_  
\_\_\_\_\_

Please list any cosmetic, food or other allergies you have: \_\_\_\_\_  
\_\_\_\_\_

I have completed this form to the best of my ability and knowledge and agree to inform the esthetician of any changes in the above information. I have been informed and understand the contradictions to the requested treatments, and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I hereby hold harmless and indemnify the esthetician, Massages with Purpose and Skin Care, their principals, and agents from all claims and liability whatsoever. Initials \_\_\_\_\_

**Your Appointment Time has been reserved for you.** Out of respect and consideration to your Esthetician(s) and other customers scheduled after you, please plan accordingly by putting your appointment time on your calendar and be on time. A full 24-hour notice is expected for cancellations and reschedules to avoid a **\$65 service charge**, as we are unable to fill your appointment in such short notice. Thank you for your understanding. Initials \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_