

Massages with Purpose and Skin Care

(321) 480-9986

... Where Healing Begins



SKINCARE INTAKE FORM

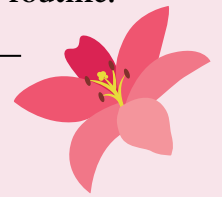
Name _____ DOB _____
Occupation _____ Email _____
Cell Phone # _____ Referred By _____

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 _____