

## Pax Massage Esthetics Facial Form

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Referred by: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ***Skin Care Analysis***

Have you had treatment before?      Yes / No

Have you seen a dermatologist in the last 5 Years?      Yes / No

If Yes, please explain

\_\_\_\_\_

Are you Pregnant?    Yes / No      # of weeks \_\_\_\_\_

Do you have any allergies to skincare products? \_\_\_\_\_

Are you using any topical medications?    Yes / No

If Yes, please explain \_\_\_\_\_

Have you had any cosmetic/plastic surgery?    Yes / No

Do you have Rosacea?    Yes / No

Have you or are you currently Using Retin A, Accutane or and AHA's?    Yes / No

Do you have any implants (pacemaker, pins in bones, etc.)? \_\_\_\_\_

Do you wear contact lenses?    Yes / No

How do you rate your stress level?    Low    Moderate    High

What are some of your skin concerns?

\_\_\_\_\_

\_\_\_\_\_

When do you notice oil on your skin?    Morning\_\_\_\_ Afternoon\_\_\_\_ Evening\_\_\_\_

What products are you currently using?

Cleanser \_\_\_\_\_

Exfoliator \_\_\_\_\_

Day Cream \_\_\_\_\_

Night Cream \_\_\_\_\_

Body Care \_\_\_\_\_

Mask \_\_\_\_\_

I have completed this intake form and candidly, and affirm that I have stated all my known medical conditions and answered all questions honestly. I acknowledge that the possibility of an adverse reaction to a facial can occur regardless of the precautions taken, and accept sole responsibility for the treatments I receive. The Esthetician has provided me with the necessary information for me to have made the informed decision to proceed with treatment, and has answered all questions concerning treatment. I understand the Pax Massage may refuse to perform the treatment(s) I have requested if I have answered "yes" to any of the intake questions. I agree to keep the esthetician updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's and Pax's part should I fail to do so.

\_\_\_\_\_

Client's Signature

\_\_\_\_\_

Pax Massage Esthetician's Signature