



Body-Wellness of Naples

Your Unique Massage and Spa Experience

Facial Intake Form

Name: _____

Home #: _____ Cell #: _____

Email: _____

How did you hear about BodyWellness of Naples? (ask me about referral bonuses!)

Emergency Contact: _____ Phone #: _____

Age (___ under 21) (___ 21-30) (___ 31-40) (___ 41-50) (___ over 50)

Do you have allergies? If yes, please specify:

Do you ever experience skin breakouts? Yes No

Do you ever experience oily shine throughout the day? Yes No

Do you ever experience burning, itching sensation on your skin? Yes No

Do you ever experience flakiness and/or tightness? Yes No

Are you allergic to aspirin? Yes No

Are you allergic to sulfur? Yes No

Do you wear contact lenses? Yes No Have you had eye surgery/ procedure in last 6 months? Yes No

Are you claustrophobic? Yes No

Do you suffer from sinus problems? Yes No

Do you suffer from jaw/ temporal pain? Yes No Have you ever been diagnosed with TMJ? Yes No

Do you smoke? Yes No

Do you follow a restricted diet? Yes No

Are you taking oral contraceptives? Yes No Are you pregnant or possibility of pregnancy? Yes No

Are you taking hormone replacements? Yes No

Have you had any lymph nodes removed? If so, where?

Have you had any recent dental work? If so, please specify:

Within the last year, have you been under a dermatologist or other physicians care? If so, what for? Please note laser hair or skin removal, skin cancer, thyroid issues, oncology treatments, pregnancies, etc)

Yes No

Within the last 2 years, have you undergone any medical spa services? Please include laser, botox, fillers, any surgical alterations/facelifts, deep peels.

Yes No

If yes, please specify: _____

Have you had any RECENT chemical peels, microdermabrasion or any resurfacing treatments? If yes, which procedure and how long ago?

Do you have any sensitivity to certain prior treatments that you are aware of? If yes, please specify:

Yes No

Have you ever experienced a reaction to any skin care products or sensitivity to aromatherapy scents?

Yes No

If Yes, please specify: _____

Do you have metal implants, metal dental fillings, pace maker or body piercings? If so, please specify:

Please list any medications, supplements, vitamins, diuretics, slimming tablets, etc. that you take regularly:

Do you have any special skin problems pertaining to your face or body? If yes, please explain:

What skin care products are you currently using?

(Please include Soap Cleanse, Toner/Moisturizer, Exfoliator, Eye Products, Night time skincare routine):

Do you currently use Accutane, Retin A, Renova, Differin, Azelex or any other prescription skin care products?

If yes, please list:

Are you currently using any products that contact the following ingredients?

(Please circle all the apply):

Glycolic Acid Lactic Acid Exfoliating Scrubs Hydroxy Acids Vitamin A Derivatives

How much water do you consume daily?

Do you wear Sunblock or SPF products on your face? If so which one?

Do you sunbathe or use tanning beds? Yes No

Do you burn easily in moderate sunlight? Yes No

Do you blush easily when nervous or have a tendency to redness? Yes No

What skin type do you feel you have, oily, aging, dry, combination, sensitive, rosacea?

What are your skincare goals today?

If I experience any pain or discomfort during this session, I will immediately inform the esthetician so that the session may be adjusted to my level of comfort. I further understand that esthetics should not be considered as a substitute for medical exam, diagnosis or treatment, and that I should see a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that licensed estheticians are not qualified to diagnose, prescribe, or treat any physical or mental illness, and nothing that is said in the course of the session given should be construed as such. Because esthetics should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep BodyWellness of Naples and the Esthetician updated as to any changes in my medical profile and understand that there shall be no liability on BodyWellness of Naples and the esthetician's part should I fail to do so.

Client Signature: _____ Date: _____

PROFESSIONAL SECTION ONLY:

Treatment Provided _____

Questions/areas of concern discussed with client:

Products purchased/ Recommendations made:

Medication and/or Procedure Updates:

Notes (Continued on Back) _____