



CLIENT INTAKE FORM – SKINCARE and INFRARED

Name Phone Date of Birth
Email Occupation
Street Address
City/State/Zip Emergency Contact Name/Phone

Medical History:

Pregnant? Yes Maybe No Breastfeeding? Yes No Do you smoke? Yes No Diagnosed with Cancer? Yes No

Past Surgeries:

Current Medications:

Prescription Topicals:

Allergies (include aspirin, iodine, etc.):

Health Conditions: (circle all that apply)

Cardiac Condition Heavy Menstruation Overactive Thyroid Lupus Erythematosus Diabetes Requiring Insulin

Acute Joint Injury Adrenal Suppression Implanted Pacemaker Kidney Malfunction Multiple Sclerosis

Open Wounds Skin Disease Artificial Joints High/Low Blood Pressure

Dental Infection Silicone Implant Varicose Veins Hemophilia Fever

Other (explain):

The above are conditions that exclude you from being able to receive infrared body wraps and/or sauna sessions. If you have an allergy to plankton, iodine, or other products from the ocean you should consult your physician before using infrared heat.

Previous Treatments:

Facials Microdermabrasion Chemical Peel Waxing Tanning Laser Therapy Massage

Last Treatment? (specify)

Any Complications?

Skin Conditions:

Skin Infection Herpes (cold sores) Keloids/Excessive Scarring Sun Sensitivity Skin

Cancer Poor/Slow Healing Tattoos/Permanent Makeup Easy Bruising

Eczema Psoriasis Lymph Node Removal Diabetes

Skin Care: What type of skin do you feel you have? Dry Oily Normal Combination Sensitive

What is your skin care routine? (indicate cleansers, toners, serums, moisturizers, masks, makeup, sunscreens, etc.)

1. 4. 7.

2. 5. 8.

3. 6. 9.

What are your top three skin concerns at this time?

1. 2. 3.

Please Initial:

I understand that with any skincare treatment, certain risks are involved. Possible side effects include, but are not limited to: mild to moderate redness, mild to moderate peeling or flaking, stinging, dry skin, tenderness, pimples, cold sores, or allergic reactions. Most side effects are temporary and will dissipate within 3-7 days.

I will call to inform my skincare professional of any complications or concerns I may have as soon as they occur.

I understand that it is recommended prior to having a facial infusion to not have used Retin-A for 72 hours, Accutane for 6 months, or have waxed 24 hours prior to receiving treatment.

I have been fully informed and understand the use of infrared heat via sauna or body wrap services. Any pictures taken of me were taken with my consent to help visualize the results of my treatment. I understand treatment results will vary.

I consent to and authorize treatment; I confirm that all above information is correct to the best of my knowledge.

Client Signature

Today's Date