



# THE ASPEN LEAF

SPA RX

## Facial Intake

**Name \***

First

Last

**Address**

**Phone Number \***

**Email Address \***

**Date of Birth**

**Referral**

- Phone Book    Newspaper    Brochure    Sign    Doctor  
 Google    Friend    Other

**If doctor, friend, or other, please name:**

**Reason for visit**

**Please check if you are presently using the following:**

- Accutane     Glycolic Acid/Alpha Hydroxy Acid
- Hydroquinone
- Any prescription strength topical i.e. steroids, Retin-A, Tazorac, Differin, etc

Please select all that apply.

**Which conditions do you want to improve?**

- Hyperpigmentation (Brown Spots)     Acne/Acne Scarring
- Sun Damage     Enlarged Pores     Fine Lines & Wrinkles
- Age Spots     Surgical Facial Scars

Please select all that apply.

**Other conditions you want to improve?**

**Have you ever had an allergic reaction to any skin product or cosmetic?**

- Yes
- No

**FEMALE CLIENTS, please check if:**

- You are on hormone replacement therapy
- You are presently taking birth control pills
- You are pregnant or planning to be

**ALL CLIENTS, please check if**

- You use a sunscreen/sun block
- You sunbathe or participate in outdoor activities
- You have or ever had acne
- You are using medications for acne
- You have seen a dermatologist in the past year

- You are presently under a doctors care
- You have had herpes (cold sores)
- You have been treated with Zovirax or any medications for herpes
- You have epilepsy diabetes, or other auto-immune disorders
- You have used Biore or snore strips

**Have you had any of the following?**

- Cosmetic Surgery     Botox Injections     Skin Cancer
- Dermatitis     Keloid Scarring     Laser Resurfacing/IPL
- Chemical Peels     Hepatitis     Dermal Fillers

**Are you allergic to Asprin, Iodine, Seaweed, or anything else?**

**Do you do the following?**

- Smoke
- Take nutritional supplements
- Diet
- Exercise
- Wear contact lenses
- Have skin treatments and facials
- Had electrolysis or waxing in the past week
- Had permanent cosmetics

**How is your general health?**

- Excellent
- Good
- Fair
- Poor

**What skin care products are you currently using?**

**What is it about your skin you would like to change?**

**Anything else I should know?**

**Required \***

I agree to give a 24-hour notice of cancellation or I will be responsible to pay the full session fee or will forfeit a session in any pre-paid package.

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Signature and Date