

Keren Facials Client Intake Form- Signature and Microdermabrasion Facial

Date:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Referred by:

If not referred, How did you heard about us?

Main reason for visit:

Have you had facial before? Yes No

Did you have any skin concerns?

Circle those that apply below?

Aging Dryness Redness Wrinkles Sun Damage

Acne Blemishes Oiliness Peeling Rough Texture

Pigmentation (dark or light discolored areas)

Female: Are you pregnant? Trying to become a pregnant? Breastfeeding? Yes No

Do you have any allergies? Yes No

Please list:

Do you have any health issues or skin conditions? Yes No

Please list:

Circle if there is any: Diabetes Thyroid Heart Cancer High or Low Blood Pressure Epilepsy HIV Other:

Do you take any medications & vitamins/ sumplenents?

Please list which one and a why:

Do you have any metal implants? Yes No Explain:

Do you exercise regulary? Yes No

What is your daily consumption of: Water Oz. Coffee Oz. Tea Oz. Soft Drinks (Diet/ Reg.) Oz. Other Oz.

What water temperature do you clean with? Cold Warm Hot

Areas of concerns (Be specific, please):

Do you smoke/ using any drugs? Yes No

Have you recently seen a dermatologist? Yes No

Have you had any recent surgeries, Botox/ Juviderm/ Fillers, laser procedures, facial waxing or strong exfoliation treatments? Yes No

Type of treatment: When?

What facial care products do you use?

Circle those that apply

Soap Cleanser Toner Moisturizer Sunscreen Mask Night Cream
Exfoliant, Scrub or Peeling product

Favorite product line:

I hereby declare that I am over the age of 18 years old. All the details that I have entered below are correct and were written by me. By signing here I am aware that if any of the details that I have given are wrong, I bear responsibility. Keren Facials are not responsible if one of the details I have given about any medication I have taken/ corrently taking, or my health condition is incorrect. By signing here, I take responsibilty to follow the instructions and warnings given to me by the Keren Facials. If there is any break out or if there is any allergy that may occur after the treatment, I am responsible to report Keren Facials.

Full Name:

Signature: