Welcome to Simply Skin

Katherine Alamilla, Esthetician & Licensed Massage Therapist

Client Intake Form (Esthetics) - Confidential Information

CONTACT INFORMATION (please print clearly)

Full Name	Preferred Name	
Primary Phone	Alternative Phone	
Mailing Address		
Date of Birth	Email	Permission to Email?
Emergency Contact	Phone	

How did you hear about Simply Skin?

YOUR SKIN

What is your #1 skin goal?	
Do you have any skin concerns pertaining to your face or body? Please list them	When did they start?
Describe any factors you suspect may have played a role in the onset or perpetuation of your concern?	
What makes it better?	What makes it worse?
What do you hope to achieve throughout our work together?	

WELLNESS & MEDICAL HISTORY

Please list surgeries and injuries you have had and their respective dates:

Please list allergies and/or food sensitivities (including topical and seasonal):

Please list medications, vitamins, and supplements you are currently taking:

How much water do you drink?
☐ 1-3 glasses/day
☐ 4-6 glasses/day
☐ 7-9 glasses/day
☐ 10+ glasses/day

How many caffeinated beverages (coffee, tea, soft drinks) do you drink?
☐ 1-3 servings/day
☐ 4-6 servings/day
☐ 7-9 servings/day
☐ 10+ servings/day

What is your current stress level?
☐ Low: 1-3
☐ Moderate: 4-6
☐ High: 7-9
☐ Profound: 10

What stress-reduction and exercise activities do you engage in?

Do you follow a special diet? Please specify:

How many hours do you sleep per day?

Do you smoke? How much?

Please select all of the following that apply to you:

☐ Sinus Issues
☐ High/Low Blood Pressure
☐ Heart Condition
☐ Blood Clots
☐ Bone or Joint Disease
☐ Fibromyalgia
☐ Lymphedema
☐ Diabetes
☐ Epilepsy
☐ Cancer/Tumors

Immune System Condition
☐ Lupus
☐ Chronic Fatigue
☐ Hashimotos

Digestive Condition
☐ IBS
☐ Crohn's
☐ Colitis
☐ Other _____

☐ Thyroid Condition (Hypo or Hyper)
☐ Headaches/Migraines
☐ Recent Antibiotics
☐ Recent Dental X-rays
☐ Eczema
☐ Acne/Boils
☐ Bruise Easily
☐ Rashes
☐ Tendency for Redness
☐ Other

Please list any illnesses of your relatives, such as parents, siblings, grandparents:

Please select all that apply:
☐ Are you pregnant?
☐ Trying to become pregnant?
☐ Are you breastfeeding?
☐ Have you recently had a change in birth control?
☐ Other hormone-related experience?
☐ Any hormonal therapy to the above?
☐ None

Are you under the care of a Dermatologist? If so, what did your dermatologist prescribe?

Do you currently use any topical medications? Which ones? How often?

Have you ever had Botox, fillers, or any other facial injections? When was the most recent one?

Botox	Fillers	Other-Specify: _____
☐ No	☐ No	☐ No
☐ Yes, when? _____ (most recent date)	☐ Yes, when? _____ (most recent date)	☐ Yes, when? _____ (most recent date)

Have you ever had chemical peels, laser treatments or microdermabrasion? When?

Chemical Peel	Laser Treatment	Microdermabrasion
☐ No	☐ No	☐ No
☐ Yes, when? _____ (most recent date)	☐ Yes, when? _____ (most recent date)	☐ Yes, when? _____ (most recent date)

CURRENT HOME CARE

Please list the products you currently use on your skin?

Do you have any other consistent self-care rituals?

FULL DISCLOSURE

It is my choice to receive esthetic services. I realize that the treatment is being given for the well-being of my skin, body and mind. This includes stress reduction, relief from muscular tension and/or for increasing circulation or energy flow. I agree to communicate with my practitioner at any time I feel like my well-being is being compromised.

- I understand that esthetic services is not a replacement for medical care and that no diagnosis will be made.
- I have stated all medical conditions that I am aware of and will update Simply Skin of any changes in my health.
- I agree and understand that in case I must cancel or reschedule an appointment, I need to call at least 24 hours in advance in order to not be charged for the price of the missed appointment.

Signature:_____ Date: _____