Northwest Aesthetics

Client Intake Form

In order to provide you with the safest and most appropriate treatment(s), please take a moment to complete the following questionnaire. All information is kept strictly confidential.

Name: _____Date of birth: _____/_____/_____ Male/Female

Address: _____City:_____State:_____Zip:_____

Email: _____Phone number:_____

Employer: _____Occupation:_____

Primary Care Physician: _____Phone number:_____

Emergency contact: _____Relationship:_____Phone number:_____

How did you hear about us:_____

If referred by one of our clients, what is their name? _____

Our clients receive a $50 referral credit towards for future services

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May we contact you by text for the following items?

(other than appointment reminders, we will not send more than 2-3 texts per month. Terms: slkt.io/fH)

Appointment Reminders: ☐ Yes ☐ No

Exclusive text only promotional offers: ☐ Yes ☐ No

Last minute appointment booking promotional offers: ☐ Yes ☐ No

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Ethnicity

☐ African American ☐ Asian ☐ Caucasian

☐ Hispanic ☐ Native American ☐ Native Hawaiian/Pacific Islander

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Social History

Alcohol Consumption? ☐ Yes ☐ No If yes, how often? _____

Cigarette Smoker? ☐ Yes ☐ No If yes, how many per day? _____

Medical History

(Please check all that apply)

□ Current or recent pregnancy	□ Diabetes	□ Eye conditions
□ Heart attack or chest pain	□ Easy bleeding or bruising	□ HIV or AIDS
□ Hypertension	□ Abnormal wound healing	□ Hepatitis
□ Endocrine or hormone disorder	□ Heart pacemaker or defibrillator	□ Heart disease
□ Herpes simplex or cold sores		

Are you currently taking Coumadin (Warfarin) or other blood thinners? ☐ Yes ☐ No

List any active medical problems that you have:

_____

List all medications, hormones, vitamins and supplements that you take regularly:

_____

List all allergies that you have:

_____

Skin History

Do you have history of skin cancer? ☐ Yes ☐ No

Do you form keloid scars? ☐ Yes ☐ No

Have you taken Accutane, Retin A or Renova in the past 12 months? ☐ Yes ☐ No

Do you suffer from “photosensitivity” (extreme sensitivity to sunlight)? ☐ Yes ☐ No

Do you have a history of easy/excessive hyperpigmentation? ☐ Yes ☐ No

Have you had unprotected sun exposure or been in a tanning booth in the last 2 weeks? ☐ Yes ☐ No

Do you have any chronic skin conditions? If yes, please specify:_____

Northwest Aesthetics

Aesthetic Treatments History

Botox/Dermal Fillers Botox	☐ Yes ☐ No
Chemical Peels	☐ Yes ☐ No
Laser Treatments	☐ Yes ☐ No
Medical Grade Facials	☐ Yes ☐ No
Body Contouring Laser Treatments	☐ Yes ☐ No

☐ Other (please specify) _____

Home Skin Care Regimen

(Please check types of products you are currently using to care for your skin)

☐ Cleanser ☐ Toner ☐ Exfoliant

☐ Moisturizer ☐ Eye Cream ☐ Sunscreen

☐ Other (please specify) _____

Skin & Body Concerns

(Please check all that apply)

☐ Brown spots/age spots ☐ Redness/rosacea ☐ Lines, wrinkles, aging skin

☐ Acne ☐ Scarring ☐ Loose skin

☐ Unwanted fat, cellulite ☐ Hair restoration ☐ Skin tone, texture, irregularities

☐ Lip fullness ☐ Excessive sweating

☐ Other (please specify) _____

Do you have air travel planned within the next 24 hours? ☐ Yes ☐ No

Client Signature	Print Name	Date
Witness or Guardian Signature	Print Name	Date
NW Aesthetics Representative	Print Name	Date