Skin Care Intake Form

Name_____

Date of Birth_____ State(s) of Residence_____

E-mail address_____ Phone Number (_____)_____

Emergency Contact Info_____

Your Health

Within the last year, have you been under a Dermatologist or Physicians care/surgeries? ___Y___N

If yes, please specify_____

List any medications, supplements, vitamins, diuretics, slimming tablets, etc. that you take regularly_____

Do you smoke? ___Y___N Do you wear contact lenses? ___Y___N

Do you have metal implants, a pacemaker, or body piercings? ___Y ___N

Your Skin

What are your skin care goals today? _____

Do you have any skin problems pertaining to your face or body? ___Y___N

If yes, please specify_____

Have you ever had chemical peels, microdermabrasion, or any resurfacing treatments? ___Y___N

Do you use Accutane, Retin A, Renova, or any other prescription skin products? ___Y ___N

How much plain water do you consume daily? _____

Do you burn easily in moderate sunlight? ___Y___N

Do you ever experience these conditions on your skin? ___flakiness ___tightness ___extreme dryness ____excessive oil _____ other_____

Have you ever had a reaction or have allergies to any of the following? (Please be specific if any apply to you)

___sunscreens ___cosmetics ___ medicine ___ iodine ___ pollen ___ food ___ hydroxyl acids ___animals ___ fragrance ___ other_____

Are you taking oral contraception? ___Y___N Are you pregnant? ___Y___N

Statements of Client consent:

- I (the client) understand that the services provided are for stress reduction, relief from muscular tension, and improvement of perceived skin quality. I acknowledge that these services are not a substitute for medical care, and that the practitioner is not qualified to perform spinal/skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. I agree that this treatment is a strictly elective cosmetic procedure and no medical claims have been expressed or implied.
- I understand the potential risks of skin care treatments include but are not limited to: temporary irritation, tightness, redness, and slight swelling, which usually dissipate within 72 hours depending on skin sensitivity.
- I acknowledge that I may be more susceptible to sunburn, skin damage and hyperpigmentation, and that I should use sunscreen and avoid excessive sun exposure after treatment.
- I acknowledge that I should avoid the use of Retin-A type products, aggressive exfoliation, waxing, and products containing acids for 2-4 weeks following treatment.
- If I experience pain or discomfort during any scheduled session, I will immediately inform the practitioner so they may adjust their skin care application to my comfort level. I will not hold the practitioner or Maggie Valley Wellness responsible for any pain or discomfort I experience during or after the session.
- I affirm that all known medical conditions, allergies and injuries have been noted on my intake form to the best of my knowledge and that I will ensure the practitioner is notified of these medical conditions, as well as any changes thereof.
- I understand that skin care treatment is entirely therapeutic and non-sexual in nature, and that the practitioner will never touch genitals, breast tissue, or any other areas, which I instruct them to avoid. I understand that both the therapist and I have the right to refuse treatment and end the session at any time.

Initial: _____

Liability waiver:

- I voluntarily agree to assume all foregoing risks and release the practitioner, Maggie Valley Wellness, and any interested parties from any liability or claims for any potential injury, loss, damages, and any associated expenses that may occur or arise in connection with my therapy appointment. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of my massage therapist, Maggie Valley Wellness, and any interested parties.

Signature _____ **Date** _____