DayDreams DAY SPA & BATH SHOP

SKINCARE INTAKE FORM

1. PERSONAL INFORMATION

last name _____
first name _____
date of birth _____
address _____
city _____
zip _____
home phone _____
cell phone _____
email _____
referred by: _____

2. PLEASE CHECK YOUR AREAS OF CONCERN

- O Uneven Skin Tone
- O Wrinkles
- O Crew's Feet
- O Dark Circles
- O Dun Skin
- O Acne
- O Acne Scarring
- O Dry Skin
- O Eczema
- O Skin Elasticity
- O Sun Damage
- O Stressed Skill
- O Dehydrated Skin
- O Psoriasis
- O Cellulite
- O Sagging Skin
- O Excess Hair

3. PLEASE DISCLOSE AND DESCRIBE THE FOLLOWING RELATED TO YOUR HEALTH HISTORY

Allergies: _____
Major Illnesses: _____
Current Medications: _____
Sensitivities to heat, cold, smell, etc: _____

- O High / Low Blood Pressure
- O Varicose Veins / Bruising
- O Broken Bones
- O Epilepsy
- O Asthma / Medication
- O Diabetes Type I or II
- O Numbness/Tingling
- O Osteoporosis
- O Metal Rods / Plates / Screws
- O Hepatitis A / B / C
- O Anxiety / Depression
- O Cold Sores / Herpes / Shingles
- O Sprains / Strains
- O Headaches / Migraines
- O Heart Condition / Disease
- O Hemophilia / Clotting Disorder
- O Arthritis
- O Immune Disorders _____
- O Sinus Problems
- O HIV / AIDS
- O Fibromyalgia
- O Keloid Scarring
- O Pacemaker
- O Sinus Problems
- O Thyroid Condition
- O Staph Infection
- O Sleeping / Eating Disorders
- O Lupus
- O Lymph Edema
- O Gas/Bloating/IBS/Constipation
- O Cancer type _____
- O Scoliosis
- O Claustrophobia
- O Pregnant / Nursing
- O Rosacea
- O Migraines
- O Hearing Aid / Contact Lenses
- O Edema
- O Vitiligo / Dermatitis
- O Eczema / Psoriasis / Skin Rash
- O Spasms / Cramps
- O Fatigue / Dizziness / Vertigo
- O Other conditions *please explain:*

_____
_____
_____
_____

4. NUTRITIONAL AND FLUID INTAKE

Quality & Quantity of fluid intake _____ O Water O Coffee O Alcohol O Tea O Soda

List Vitamins / Supplements / Herbal Remedies: _____

_____
_____
_____
_____

5. HAVE YOU HAD OR ARE CURRENTLY USING

- O Botox
- O Fillers
- O Cosmetic Surgery
- O Dermatologist Care
- O Accutane
- O Retin A
- O Laser Treatments
- O Chemical/Enzyme Peels
- O Dermabrasion
- O Hydroquinone
- O Mole / Lesion Removal
- O Electrolysis Hair Removal
- O Topical Antibiotic / Acne Medications
- O Bleaching Cremes
- O Tanning Beds / Sunless Tanning

6. HOME SKINCARE PRODUCTS

Cleanser brand: _____

Does it contain
- O Glycolic
- O Lactic
- O Salicylic Acid
- O Enzyme

Moisture: Night creme-brand _____

Day Creme/brand _____

Toner: _____

Scrub: _____

Masks: _____

Eye Cream: _____

Serums: _____

Sunscreen brand: _____

Makeup Type Brand: _____

7. MANICURE AND PEDICURE TREATMENTS

How do you prefer your nails? O round O square O sqoval O short

Problem toenails or fingernails? _____

Fungus? If so, are you taking medication? _____

Anything contagious (athlete's foot, warts, etc.)? _____

Dry, cracked heels or toes? _____

Special requests, concerns, or other issues _____

8. PLEASE INITIAL

- O I agree to avoid direct sun after treatment
- O I agree to notify therapist with any concerns
- O I agree to drink a lot of water
- O I do not need a doctor's release

I understand that aesthetic services offered are not a substitute for medical care and any information provided by the therapist(s) is for cational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the therapist in providing a better service and is completely confidential. Failure to alert the therapist of any conditions could result in unfavorable outcomes with the treatment. As with all skin care and massage treatments, there is no guarantee of results. Those prone to cold sores could have a breakout after treatment. Depending on the treatmentt(s), I may experience some temporary mild discomfort such as soreness, bruising, stinging. warm flushing or redness. Adequate water consumption is critical as well as following a home regiment recommended by your therapist.

I fully understand and agree to the above policies. I have filled out the history sheet correctly and accurately. I hereby give my consent to receive spa treatments and release this business as well as the therapist(s) from any claims (implied or stated) that I have or may have in the future with this of any other treatment. regardless of the results. I am stating that I understand the treatments I am to receive and possible side effects that may occur.

Client Signature Date