

**Mickie Grist, Licensed Esthetician, LMT**  
**Skincare Intake Form**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Age Range: under 21    21-30    31-40    41-50    over 50

Would you like us to email you special offers? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like us to call you to remind you of your appointments? Yes \_\_\_ No \_\_\_

**Health Problems:**    Cancer    Diabetes    Herpes    Hepatitis    High Blood Pressure    Rosacea    Acne    HIV  
Heart Condition    Sunburn    Arthritis    Skin Disorder    Allergies

If yes, please explain: \_\_\_\_\_

Do you have allergies to any products or ingredients? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Current Medications: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you use Acutance, Retin-A, or a topical peeling agent? \_\_\_\_\_

Have you had any of the following: Peel    Dermabrasion    Laser    Resurfacing    Cosmetic Surgery

Recent Injuries or Open Sores: Yes \_\_\_ No \_\_\_    Recent Surgery: Yes \_\_\_ No \_\_\_

Are you pregnant or trying to become pregnant? Yes \_\_\_ No \_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_

**Female Clients Only**

Are you taking oral contraception? Yes \_\_\_ No \_\_\_

**Skin Problems**

What three skin problems would you like to see improve?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

The main concerns I have with my eye area are:

Dark Circles    Puffiness    Fine lines & wrinkles

**Lifestyle**

Rate your current stress level on a scale of 1-10 \_\_\_\_\_

Daily Water Consumption \_\_\_\_\_ Coffee/Alcohol Consumption \_\_\_\_\_

Caffeinated Soft Drink Consumption \_\_\_\_\_ Regular sleep pattern Yes \_\_\_ No \_\_\_

Massage Preference    Light    Medium    Firm

**Personal Skin Care Routine**

Cleanse:    Yes \_\_\_\_\_ No \_\_\_\_\_    Product Name \_\_\_\_\_

Toner:    Yes \_\_\_\_\_ No \_\_\_\_\_    Product Name \_\_\_\_\_

Moisturize:    Yes \_\_\_\_\_ No \_\_\_\_\_    Product Name \_\_\_\_\_

Exfoliate:    Yes \_\_\_\_\_ No \_\_\_\_\_    Product Name \_\_\_\_\_

Mask:    Yes \_\_\_\_\_ No \_\_\_\_\_    Product Name \_\_\_\_\_

It is my choice to receive skin care services and I acknowledge that all therapy received by me is to be of a therapeutic nature for the relaxation and well-being of my body and mind. I agree to communicate with my therapist if I feel that my well being is being compromised. I understand that estheticians do not diagnose illness, disease, or any physical disorders; nor do they prescribe any medical treatments or pharmaceuticals. I understand that an esthetic service is not a substitute for medical examination or diagnosis by a dermatologist, and it is recommended that I see my physician for those services. I have stated all medical conditions that I am aware of and will advise my therapist of any changes in my health status.

I agree to give at least 24 hours cancellation notice if I cannot meet my scheduled appointment so that another client may be scheduled in that time slot. Otherwise, a \$25 cancellation fee will be charged.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## DOSHA QUIZ

Answer the following questions and add up your scores.

### Body Frame:

- a) I am thin, lanky, or slender with prominent joints and thin muscles.
- b) I have a medium symmetrical muscle build with good muscle development
- c) I have a large, round, or stocky build. My frame is broad, stout, or thick.

### Weight:

- a) Low: I may forget to eat or have a tendency to lose weight
- b) Moderate: It is easy for me to gain or lose weight if I put my mind to it.
- c) Heavy: I gain weight easily and have difficulty losing it.

### Eyes:

- a) My eyes are small and active
- b) I have a penetrating gaze.
- c) I have large, pleasant eyes.

### Complexion:

- a) My skin is dry, rough, or thin
- b) My skin is warm, reddish in color and prone to irritation
- c) My skin is thick, moist, and smooth

### Hair:

- a) My hair is dry, brittle, or frizzy.
- b) My hair is fine with a tendency towards early thinning or graying
- c) I have abundant thick and oily hair

### Joints:

- a) My joints are thin and prominent and have a tendency to crack
- b) My joints are loose and flexible
- c) My joints are large, well knit, and padded

### Sleep Pattern:

- a) I am a light sleeper with a tendency to awaken easily
- b) I am a moderately sound sleeper, usually needing less than eight hours to feel well rested
- c) My sleep is deep and long. I tend to awaken slowly in the morning.

### Body Temperature:

- a) My hands and feet are usually cold and I prefer warm temperatures.
- b) I am usually warm regardless of the season, and prefer cooler environments.
- c) I am adaptable to most temperatures, but do not like cold, wet days.

### Temperament:

- a) I am lively and enthusiastic by nature. I like to change.
- b) I am purposeful and intense. I like to convince.
- c) I am easy going and accepting. I like to support.

### Under Stress:

- a) I become anxious and/or worried
- b) I become irritable and/or aggressive
- c) I become withdrawn and/or reclusive.

### Your Personal Score

Total # of a's \_\_\_\_\_

Total # of b's \_\_\_\_\_

Total # of c's \_\_\_\_\_