



Facial Client Intake Form

Last name _____ First _____

Address: _____

City _____ State: _____ Zipcode: _____

Email address _____

Phone number: _____ work phone: _____

Date of birth ____/____/____

Health Questionnaire

Social history-Current use

Smoking Y/N Pregnant Y/N Use of self tanners Y/N

Drinking Y/N Electrolysis Y/N laser or waxing Y/N Botox/fillers Y/N

Medications: _____

Surgical procedures : _____

Do you use anyof the following

Aspirin Y/N Advil Y/N Coumadin Y/N Vitamin E Y/N

Tretinoin Y/N Retinol Y/N Hydroquinone Y/N

Any current skin lesions, lacerations Y/N

Drug or food allergies: _____

Medical Conditions

Lung Conditions: Copd, Asthma, emphyzema Y/N

Cardiovascular: hypertension, heart attack, pacemaker, bloodclots, Y/N

Gastrointestinal Problems: reflux, ulcers Y/N

Endocrine/autoimmune: diabetes, HIV, Hepatitis A B C Y/N

ENT conditions: Ear infections, nasyl polyps, sinus problems Y/N

Oncology: Cancer Y/N type _____

Opthamology problems: glaucoma, cataracts Y/N

Rheumatology: Lupus, arthritis, Schleroderma Y/N

Neurological: seizures, numbness, nerve palsy, fainting, stroke Y/N

Skin Conditions

Skin problems Y/N last seen ___/___/___

Do you heal poorly(keloids) Y/N Sunburn easily Y/N

Skin Conditions continued

ruise easliy	Y/N	Develop rashes from sun	Y/N
History of cold sores	Y/N	Eczema/Psoriasis	Y/N Rashes from certain
foods	Y/N		

I understand, agree the information discussed is true to the best of my ablitly. I further agree to hold The Wellness center at Sundial/Janka Bleyova harmless for any adverse outcome as result of information withheld on this form. I agree to have pictures taken to illustrate before/after procedures for educational/documentational purposes. All services are non transferable and non refundable.

Client _____ Date _____



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