



# Welcome to Salt MedSpa!

## Intake form: Facial

**Please Note:** This a fragrance free establishment. Any perfumes, smoke, or scents may cause a severe reaction in others.



Please fill out the form below.

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred communication for confirming appointments and other special offers:

Phone \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Occupation: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Referred by: \_\_\_\_\_

Have you ever had a facial treatment:  Yes  No

What is your daily skin care routine: \_\_\_\_\_

Do you exercise?  Yes  No

Do you smoke?  Yes  No

Are you under a physicians care?  Yes  No

If so, why? \_\_\_\_\_

In the past 3 months have you had any chemical peels, used Retin-A or Accutane, had any laser treatments, microdermabrasion, had Botox or any other types of facial injectables? \_\_\_\_\_

Do you have any skin conditions, diseases or allergies? \_\_\_\_\_

Other health issues? \_\_\_\_\_

Are you taking any medications/supplements? \_\_\_\_\_

I understand the sole purpose of the facial is to beautify the skin. My aesthetician is not here to diagnose, prescribe or treat any medical conditions. I have revealed any and all health issues and will keep my aesthetician up to date if any changes are to occur. Lockers have been provided for your convenience, SMS is not responsible for personal items.

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

