Client Intake Form

Date _____

Personal Information

Name _____ DOB _____ AGE _____

Address _____

Phone _____ Occupation _____

Email _____

Skin Information

Skin Concerns : Check all that apply

☐ Acne	☐ Aging	☐ Scarring	☐ Irritation
☐ Oily	☐ Pigmentation	☐ Blackheads	☐ Sunburn
☐ Dry	☐ Texture	☐ Whiteheads	☐ Other _____

Please briefly describe the reason for your visit today. Are you looking to be pampered, relax, treat a concern or all?

_____

_____

_____

_____

_____

_____

ZAIDA & SIERRA
Aesthetics

Medical History

Do you take any of the following?

- [ ] Accutane
- [ ] Retin-A
- [ ] Benzoyl Peroxide
- [ ] Glycolic Acid
- [ ] Lactic Acid
- [ ] Salicylic Acid
- [ ] Other

Do you currently have or have ever been treated for any of the following?

- [ ] Hypertension
- [ ] HIV
- [ ] Herpes Simplex
- [ ] Skin Disease
- [ ] Diabetes
- [ ] Cancer
- [ ] Hormone Therapy
- [ ] Other

Do you have any allergies?_____

Do you have any metal implants in your body? _____

Are you pregnant or breastfeeding?_____

What is your current skincare regimine/routine?_____

- [ ] Cleanse
- [ ] Tone
- [ ] Eye Cream/Gel
- [ ] Other_____
- [ ] Exfoliate
- [ ] Serum
- [ ] Moisturize

_____

_____

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform my esthetician of any changes to the information listed on all the pages of this client intake form. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform my esthetician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my esthetician and Zsaesthetics for any injury or damages incurred due to my misrepresentation of my health history.

_____ _____

Signature Date

Client Treatment Notes

Date _____

Client Name _____

Fitzpatrick Skin Type

- ☐ Type I
- ☐ Type II
- ☐ Type III
- ☐ Type IV
- ☐ Type V
- ☐ Type VI

Notes

Glogau Scale

- ☐ I Minimal to no wrinkles
- ☐ II Wrinkles visible in motion
- ☐ III Wrinkles with resting face
- ☐ IV Predominate wrinkling

Skin Type

- ☐ Normal
- ☐ Oily
- ☐ Combination
- ☐ Dry
- ☐ Sensitive

Products Used

- ☐ Cleanser
- ☐ Exfoliator
- ☐ Mask
- ☐ Toner
- ☐ Serum
- ☐ Eye Cream/Gel
- ☐ Moisturizer/SPF
- ☐ Other

Covid-19 Liability Waiver

Signature Required During Check-In

Due to the outbreak of the Coronavirus (COVID-19), Zsaesthetics is taking extra precautions to help prevent the spread of this contagious disease. Please read this form entirely. We ask that our clients disclose their health history truthfully and accurately. Please check below if you have any of the following symptoms.

Symptoms of Covid-19 Include:

☐ Fever or Chills	☐ Nausea or Vomiting	☐ Sore Throat
☐ Fatigue	☐ Muscle or Body Aches	☐ Congestion or Runny Nose
☐ Headache	☐ Diarrhea	☐ Cough
☐ Loss of taste	☐ Difficulty Breathing	☐ No Symptoms

I agree to the following: *Please initial*

1. I, and members of my household, have not experienced any of the symptoms listed above within the last 14 days._____
2. I, and members of my household, have not traveled internationally in the last 30 days._____
3. I, and members of my household, do not believe we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus (COVID-19)_____
4. I, and members of my household, have not been diagnosed with the Coronavirus (Covid-19) within the last 30 days._____
5. Zsaesthetics cannot be held liable from an exposure to the Coronavirus (Covid-19) caused by misinformation on this form or the health history provided by each client._____
6. If I take legal action against Zsaesthetics to make a claim for damages, I shall be obligated to pay all attorney's fees and costs incurred as a result of such claim._____

By signing below, I hereby release and agree to hold Zsaesthetics harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses, and compensation for damages or loss to myself and/or property that may be caused by any act, or failure to act of Zsaesthetics, or that may otherwise arise in any way in connection with any services received from Zsaesthetics. I agree to release Zsaesthetics from any and all liability for the unintentional exposure or harm due to the Coronavirus
(COVID-19)

_____

Signature *Date*