

# FOUNTAINS DAY SPA - FACIAL INTAKE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Male/Female

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*Have you had a Facial before? yes / no If yes, where and how long ago? \_\_\_\_\_

\*Are you Pregnant? yes / no If yes, how far along? \_\_\_\_\_

\*Do you Smoke? yes / no if yes, how many a day? \_\_\_\_\_

\*Do you Drink Coffee or Sodas? yes / no If yes, how much a day? \_\_\_\_\_

\*How many glasses of Water do you drink a day? \_\_\_\_\_

\*Exposure to the sun (please circle): Never ..... Light.... Moderate ....Excessive....

\*Do you have: Food allergies? yes/no \_\_\_\_\_

Other allergies? yes/no \_\_\_\_\_

Allergies to latex? yes /no

\*Do you take any Medication (topical or oral) for acne: yes / no \_\_\_\_\_

\*Have you ever had Chemical Peels, Microdermabrasion or any resurfacing treatments? yes / no

\*Have you used Accutane in the past 12 months? yes / no

\*Are you currently on any medications? yes / no Please list: \_\_\_\_\_

\*Are you currently using any products that contain the following ingredients?

(Circle all that apply)

**Glycolic acid....Lactic acid..... Exfoliation Scrubs.....Alpha Hydroxy acids.....Vitamin A derivatives.....**

\*What skin products are you currently using?

(circle all that apply)

**Soap.....Cleanser....Toner...Moisturizer.....Serum.... Mask.....Exfoliate..... Eye product.....**

\*Do you have any of these conditions?

(circle all that apply)

**Epilepsy....Heart condition.....Pacemaker.....Skin cancer....Skin Diseases.....Recent operations.....**

\*Do you have any treatment goals? \_\_\_\_\_

\*Is there anything else that we should be aware of before we start working together?

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In consideration for receiving services at Fountains Day Spa, I hereby release, waive, discharge, and covenant not to sue Fountains Day Spa from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on Fountains Day Spa premises. I am fully aware of the risks involved and hazards connected with skin care treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

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

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