



ESTHETIC CLIENT INTAKE FORM
For Use by Clients of an Independent Contractor Esthetician

Personal Information

Name: _____ Occupation: _____
Address: _____ City/State/Zip: _____
Cell Phone: () _____ Other Phone: () _____
Email: _____ DOB: _____
Emergency Contact: _____ Phone: _____

Health History and Experience

1. How did you hear about us (check all that apply):
_____ Your esthetician: _____
_____ Aquarius Wellness: _____
2. Do you have any health problems or concerns that we need to be aware of before treatment?
If Yes, please describe. _____
3. Are you pregnant? ____ Yes ____ No
4. Any recent surgery on your face, neck and shoulders? ____ Yes ____ No
5. Are you currently, or have you taken Accutane within the past 12 months? ____ Yes ____ No
6. Are you currently, or have you used Retin-A / Renova, or any powerful Alpha Hydroxy Acids within the past 3 months? ____ Yes ____ No
7. Have you had a chemical peel within the past 6 months? ____ Yes ____ No
8. Do you have a pacemaker or any pins in bones? ____ Yes ____ No
9. Do you currently wear contact lenses? ____ Yes ____ No
10. Are you currently under a physician's care for any skin condition? If yes, please describe:

11. Have you ever had an adverse reaction to a cosmetic product or ingredient? If yes, please describe: _____
12. Have you ever had an adverse reaction to a skincare treatment? If yes, please describe:

13. What are your skin concerns and challenges? _____

14. What products are you currently using on your skin? _____

- Daytime _____ Evening _____
- Weekly / Special Treatments _____

Client's Duty to Communicate with Esthetician

I understand that if I experience any pain or discomfort during this session, I will immediately inform the esthetician so that the products and/or techniques may be adjusted to my level of comfort. I further understand that a facial should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that estheticians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the esthetician updated as to any changes in my medical profile during the session and understand that there shall be no liability on the esthetician's part should I fail to do so. I understand that all services provided at Aquarius Wellness Center for Healing Arts are strictly for therapeutic purposes only and any inappropriate behavior or comments may result in the immediate termination of the session with no refund option. I also understand that the esthetician reserves the right to refuse to perform treatments on anyone whom he/she deems to have a condition for which facial treatments are contraindicated.

I understand that the esthetician performing the services is an independent contractor and not an employee of Aquarius Wellness Center for Healing Arts. Any disputes between the client and the esthetician cannot be resolved by the management of Aquarius Wellness Center for Healing Arts. The management of Aquarius Wellness Center for Healing Arts reserves the right to request any client who is not compliant with the terms outlined in this document to leave the premises.

Informed Consent

This document will be maintained by your esthetician in his or her confidential files. Aquarius Wellness Center for Healing Arts is not responsible for the storage of this document.

Please read the following and inform your esthetician if you have any questions:

- All esthetic treatments, information, and records will be safeguarded and remain confidential.
- In the event that client information needs to be shared, written consent will be first acquired from the client.
- Promptness is required for appointment times. In the event of lateness, the esthetic treatment may be cut short. Fees may be maintained as per the schedule.
- Your esthetician will instruct you on the forms of acceptable payment prior to your treatment. Receipts will be issued.
- The client may refuse, modify, or terminate treatment at any time, regardless of prior

consent given.

- The esthetician may refuse to treat any client or part of their body with just and reasonable cause.

I have read and understand the information contained in this form and consent to be treated for conditions discussed with the esthetician.

Date: _____

Client Signature: _____

Esthetician Signature: _____