Bioelements Facial Intake Form

Today's Date: _____ **Referred By:**_____

First Name _____ **Last Name** _____

Address _____ **City** _____ **Zip** _____

Phone _____ **Occupation** _____

E-mail (for special promos and events) _____ **DOB** _____

Your Face:

1. Have you ever had a facial treatment before? ( ) No ( ) Yes, When _____
2. What would you like to achieve from today's visit? _____
3. Which of the following best describes your skin type? ( ) Oily ( ) Dry ( ) Combination ( ) Normal ( ) Sensitive
4. Have you ever had Chemical Peels, laser or microdermabrasion? ( ) No ( ) Yes, When _____
5. Do you use Retin-A, Adapalene Hydroxy Acid, or Retinol/Vitamin A deritive products? ( ) No ( ) Yes
6. Have you experienced Botox, Restylane, or Collagen Injections? ( ) No ( ) Yes, When _____
7. Have you ever had an allergic reaction to any skin care products? ( ) No ( ) Yes
8. Do you wear makeup? ( ) No ( ) Yes
9. Please circle what best describes your eating habits. ( ) Healthy ( ) Moderate ( ) Junk Food
10. Are you currently taking any medications that might affect your treatment today? ( ) No ( ) Yes
    Please Specify: _____

What skin care products do you regularly use on your skin? Check all that apply.

( ) Soap _____ ( ) Cleanser _____

( ) Exfoliator _____ ( ) Sunscreens _____SPF_____

( ) Day Moisturizer _____ ( ) Night Moisturizer _____

( ) Eye Product _____ ( ) Mask _____

What areas of concern do you have regarding your skin? Please circle all that apply.

Breakouts/Acne Blackheads Excessive Oil/Shine other _____

Wrinkles/Fine lines Flaky Skin Dehydrated

Redness/Ruddiness Rosacea Sun Spots or other brown spots

Eyes: Please circle all that apply.

( ) Dehydrated ( ) Lines ( ) Puffiness ( ) Dark Circles ( ) Bumps

Female clients only:

1. Are you taking oral contraceptives? ( ) No ( ) Yes
2. Are you pregnant or trying to become pregnant? ( ) No ( ) Yes if so, how many weeks? _____
3. Are you undergoing hormone replacement therapy? ( ) No ( ) Yes

I authorize that all the above information is accurate to my knowledge and I will notify my Skin Care Therapist immediately should anything change.

Signature _____ Date _____