



FACIAL INTAKE FORM

All provided information will be kept strictly confidential.

In order to provide you with the best possible quality of service, we ask that you fill out the form below, so that we maintain a hygienic and safe environment for our guests at all times.

Name: _____ Date: _____

Cell Phone: _____ Email: _____

Address: _____

City

State

Zip Code

1. Have you seen a doctor in the past year for a skin disorder? Yes or No | If yes, why? _____

2. Are you experiencing any skin problems now? Yes or No | If yes, please explain _____

3. Have you ever had the following (please circle all that apply)

Acne Dermatitis Eczema Psoriasis Seborrhea Herpes Simplex Other _____

4. Have you undergone any facial cosmetic surgery, chemical peel, and/or dermabrasion? (please circle all that apply)

If yes, when? _____

5. Are you currently under a doctor's care for anything else? Yes or No | If yes, please explain _____

6. Are you currently taking any prescription drugs? Yes or No | If yes, what are they and why? _____

7. Have you ever reacted unfavorably to any skin care product? Yes or No | If yes, please explain _____

8. Please list all allergies if any _____

9. Have you used any of the following products in the last 30 days (please circle all that apply)

Retin-A Benzoyl Peroxide Alpha Hydroxy Acids Self Tanners Buff Puffs Granular Scrub

Hydroquinone Other Chemical Exfoliators

10. Are you pregnant? Yes or No

11. Do you wear contact lenses? Yes or No

12. Are you wearing eyelash extensions? Yes or No

13. Are you wearing permanent or waterproof makeup? Yes or No | If yes, where? _____

14. Please circle which best describes your skin type: Dry Oily Combination Sensitive Unsure

15. How often do you receive facials? _____

16. What is your at home skin care routine? (please circle one) Daily Once a day Rarely Not at All

Memorandum of Consent & Understanding

I understand and acknowledge The Spa at Massanutten employees do not aim to diagnose or to cure any illness or disease with a makeup session or any other modality. I release and hold harmless all spa employees and Great Eastern Resort Management and their assigns and heirs for any adverse effect from products used for my benefit or services rendered to me in good faith. I have read or have had read to me the above statements and have responded thoroughly concerning all aspects of my current health.

Client Signature: _____ Date: _____

Esthetician Signature: _____