



Allergies: _____

Facial Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone number: _____ Would you like to receive confirmation text messages or emails?

Email: _____ (circle one) Text Email Both

How were you referred to Evolve? _____

In case of emergency, contact: _____ # _____

Relation: _____

Skin Information

- 1. Do you have any health problems or concerns that we need to be aware of before we begin the treatment? Yes No
If yes, please describe: _____
- 2. Are you pregnant? Yes No
- 3. Any recent surgery on your face, neck, or shoulders? Yes No
If yes, please describe: _____
- 4. Do you smoke? Yes No
- 5. Have you taken Accutane within the past 12 months? Yes No
- 6. Have you used Renin-A/Renova, or any powerful alpha hydroxyl acids within the last 3 months? Yes No
- 7. Have you had a medical peel within the past 6 hours? 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? Yes No
If yes, please describe: _____
- 11. Have you ever had an adverse reaction do a cosmetic product, skin-care treatment, or ingredient? Yes No
If yes, please describe: _____
- 12. Do you have any allergies? Yes No
If yes, please list here: _____
- 13. What are your skin concerns or challenges? _____

- 14. What are you currently using on your skin?
Daytime: _____ Evening: _____
Weekly/Special Treatments: _____
- 15. Do you give permission for the Esthetician to use surface peeling products during your facial? Yes No

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____