

Health Intake Form

Date: _____



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Seattle WA 98103
206-830-8360
samaraskincare@gmail.com

Name: _____

Address: _____

Birthdate: _____

Tel main: _____ Other: _____

Occupation: _____

Referred by: _____

Reason for your visit: Skincare Hair Removal Natural Nail Care Energy Medicine Lash Extensions

Do you have specific goals in mind for this session?

General Health

Under the care of a physician/dermatologist, if yes how long?

History and timeline of prescription drugs, over the counter medications, shots and/or creams:

(i.e. Accutane, Retina-A, Renova, Antibiotics, Tri-Luma®, Differn, Tazarac, Alpha Hydroxy Acids)

Do you have any cuts, scrapes, bruises, rashes or skin eruptions, if yes where?

Indicate if you have any of the following health issues:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Lupus | <input type="checkbox"/> Skin tags |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Metal plates or pins | <input type="checkbox"/> Smoke cigarettes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Moles | <input type="checkbox"/> STDs |
| <input type="checkbox"/> Blood Thinner | <input type="checkbox"/> Hair loss | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Thyroid Condition |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Scars or Keloids | <input type="checkbox"/> Vitiligo |
| <input type="checkbox"/> Contact lenses | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sensitive to chemicals | <input type="checkbox"/> Other |
| <input type="checkbox"/> Contagious disease | <input type="checkbox"/> Implants Pacemaker | <input type="checkbox"/> Sensitive to heat | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Latex Allergy | <input type="checkbox"/> Sensitive to pressure | |

Life Style

Water intake:

Caffeine intake:

Current exercise program:

Regular sleep habits:

Stress level:

Environmental exposure:

Last time you tanned naturally or in salon?

Allergies

Allergies or sensitivities to certain products, ingredients and/or foods?

Women only:

Currently pregnant or trying? Y N

Currently menstruating? Y N

NOTE: Waxing is not recommended 1 week prior, during, or after menstrual cycle due to increased sensitivity and water retention.

Men only:

How often do you shave?

Do you experience skin irritation from shaving?

Special Requests

Samara Skincare provides professional, personalized services.

We are open and delighted to honor any special requests including music, aromatherapy, etc.

Special requests:

Natural Nail Care

Service: Manicure Pedicure

Polish color for hands:

Polish color for feet:

Nail art: flowers stars bows leopard print zebra stripes other

What are your focuses and concerns for your hands and/or feet?

Describe any reactions from previous nail treatments?

Hair Removal

Areas of hair removal:

Describe any reactions and/or problems from previous waxing(s)?

NOTE: We regret that waxing services cannot be performed on Guests using Accutane, Retin A or any antibiotic due to increased sensitivity.

Energy Medicine

What is your experience with energy work?

What do you wish to accomplish from your session?

Skincare

Have you had a skin treatment before? Y N

Skin treatment goals:

Skin Type: Normal Dry Oily Combination Sensitive Sun Damaged/Hyperpigmentation

Skin type description key:

Normal: balanced, consistently vibrant, elastic and supple

Dry: thin skin prone to fine lines and wrinkles

Oily: large overactive pores, prone to break outs especially during hormonal fluctuations

Combination: two or more of the above in various areas of your face

Sensitive | Rosacea: easily irritated with red patched and surface blood vessels

Hyperpigmentation: discoloration in areas that receive the most sun exposure

Conditions and Concerns

Experiencing following skin problems:

- | | | |
|--|---|---|
| <input type="checkbox"/> Dark Circles - Eyes | <input type="checkbox"/> Dry Areas (dehydrated) | <input type="checkbox"/> Dark Spots |
| <input type="checkbox"/> Puffiness - Eyes | <input type="checkbox"/> Flaky Peeling | <input type="checkbox"/> Uneven Skin Tone |
| <input type="checkbox"/> Fine Lines - Eyes | <input type="checkbox"/> Oily "T" zone (forehead, nose, chin) | <input type="checkbox"/> Sun Damage Discoloration |
| <input type="checkbox"/> Deep Lines - Eyes | <input type="checkbox"/> Extra Oily | <input type="checkbox"/> Fine Lines |
| <input type="checkbox"/> Loss of Firmness | <input type="checkbox"/> Clogged Pores | <input type="checkbox"/> Deep Lines Wrinkles |
| <input type="checkbox"/> Sagging | <input type="checkbox"/> Large Visible Pores | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Lackluster | <input type="checkbox"/> Problem Breakouts Acne | <input type="checkbox"/> Other |

Skincare habits at home:

How often do you cleanse your face and neck?

What temperature water do you cleanse with?

Massage pressure preference: Gentle Medium Firm

Please list the skincare products and brands which you are currently using:

Cleanser:

Exfoliant:

Toner:

Masque:

Eye Cream:

Moisturizer:

Sunscreen:

Other:

Policy Procedures

Cancellation policy

Once I have agreed to a session, if I need to cancel for any reason. I will give Samara Skincare at least 24 hours notice. I understand that if I am unable to give 24 hours notice I agree to pay the full session I had scheduled (medical and family emergencies excepted).¹

¹50% charge for cancellations made less than 24 hours in advance, and a full charge for no-shows.

Payment method

Prices for special promotions and packages are due in full at the end of the first sessions.

Cash, Check, and Samara Skincare Gift Certificates are accepted.²

²There is a \$25 fee for returned checks. Payment is due at end of service, and we do not give cash or credit refunds on services or products.

Consent to treat a minor

Clients under the age of 17 must be accompanied by a parent or legal guardian during the entire session.

Informed written consent must be provided by parent or legal guardian for any client under the age of 17.

I, _____, the parent or legal guardian of _____ consent to allow Samara Skincare to provide the following services _____.

Signature: _____ Date: _____

*Disclaimer

I, _____ (print name) understand that the services provided by Samara Skincare are for the purpose of relaxation and good health. During a treatment, if I experience any discomfort or concerns I will immediately inform my skincare therapist. I further understand that esthetic services are not a substitute for medical examination, diagnosis, or treatment. Since certain esthetic services 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 Samara Skincare updated as to any changes in my medical conditions as it may affect my future treatments.

*Signature: _____ Date: _____