

AESTHETIC INTAKE FORM

NAME: _____ **Date:** ____/____/____

PHONE NUMBER: _____

EMAIL: _____

- Please check off if you would like to receive information on aesthetic specials, future events and notifications via email**

By checking off concerns below you will be contacted by a member of our aesthetics team for a FREE consultation.

- | | | |
|-------------------------------|------------------------|----------------------|
| __ Uneven skin tone | __ Enlarged pores | __ Acne |
| __ Brown spots | __ Clogged pores | __ Thin lashes |
| __ Redness in skin or rosacea | __ Black / white heads | __ Fine / deep lines |
| __ Unwanted hair | __ Texture issues | __ Scarring |
| __ Dry skin or dry patches | __ Skin laxity | __ Crows feet |

Cosmetic Procedures

- | | | |
|---------------------|---------------------------------|-------------------|
| __ Botox / Dysport | __ Microneedling or Vamp Facial | __ Chemical Peels |
| __ Juvederm | __ Restylane | __ VI Peel |
| __ Facial Slimming | __ Lip Augmentation | __ Dermaplanning |
| __ Liquid Face Lift | __ Laser Hair Removal | __ Sclerotherapy |

Skin Treatment

- | | |
|----------------------------------|------------------------------------|
| __ Complimentary Skin Evaluation | __ Waxing |
| __ Facials | __ Complimentary makeup evaluation |
| __ Hydrafacials | __ Bare Minerals makeup |
| __ Chemical Peels | __ Skincare products |
| __ Lash Lift and Tint | |