



## CLIENT INTAKE FORM

Full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*First name, Last name* *Month, day, year*

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_

How did you hear about Michelle Cook Esthetics? \_\_\_\_\_  
*Example: friend-Jane Bell, Google, Internet search, Facebook, Instagram*

### Skin Care

Help me learn more about your skin, so I can help you reach your goals!

Which of the following best describes your skin type? (Please select one)

- Normal  Dry  
 Oily  Combination

What products do you use on a regular basis?

- |                                   |  |                                 |
|-----------------------------------|--|---------------------------------|
| <input type="radio"/> Bar soap    | <input type="radio"/> Makeup Remover Wipes     | <input type="radio"/> Cleanser  |
| <input type="radio"/> Exfoliant   | <input type="radio"/> Toner/Treating mist      | <input type="radio"/> Mask      |
| <input type="radio"/> Moisturizer | <input type="radio"/> Anti-aging Serums/creams | <input type="radio"/> Eye cream |
| <input type="radio"/> SPF         | <input type="radio"/> None                     | <input type="radio"/> Other     |

What Treatments have you had before & were any done in the last 2-3 weeks?

*Check what you have had done before & circle/date anything that was done in the last 2-3 weeks.*

- |  |  |  |
|--|--|--|
| <input type="radio"/> Waxing                     | <input type="radio"/> Tanning Bed      | <input type="radio"/> Facial                             |
| <input type="radio"/> Microderm/Hydroderm        | <input type="radio"/> Chemical Peel    | <input type="radio"/> Dermaplaning                       |
| <input type="radio"/> Microneedling              | <input type="radio"/> Laser Treatment  | <input type="radio"/> Injectables (Botox, Juvederm, etc) |
| <input type="radio"/> Lash lifting or Extensions | <input type="radio"/> Permanent Makeup | <input type="radio"/> No previous treatments             |

What would you like to change about your skin?

(Mark all that apply)

- |                                     |                                |                                  |
|-------------------------------------|--------------------------------|----------------------------------|
| <input type="radio"/> Fine lines    | <input type="radio"/> Wrinkles | <input type="radio"/> Sun damage |
| <input type="radio"/> Smaller pores | <input type="radio"/> Redness  | <input type="radio"/> Less acne  |
| <input type="radio"/> Texture       |                                |                                  |

Are you currently using or have ever used Accutane, Tretinoin, Retinols (Vitamin A) or any antibiotics orally or topical?

- Yes  No

If you answered yes above, please describe which product, length of use and if/when you stopped using.

---

---

---

**General Health**

Everything affects your skin. Please answer so I can make informed decisions in treating your skin.

*In the last year, have you:*

- Had surgery
- Been under a physician’s care
- I have not had surgery or been under a physician’s care

If you answered yes, please explain below:

*Do you have:*

- Pacemaker
- Contact lenses
- Diabetes
- Claustrophobia
- Epilepsy
- Metal implants
- Multiple Sclerosis

Do you develop cold sores/fever blisters?  Yes  No

Please mark any allergies you have:

- Gluten
- Apples
- Citrus
- Grapes
- Milk
- Fish/iodine
- Acrylic
- Adhesive
- Aspirin
- Essential oils
- No known allergies

Please list all medications, vitamins, supplements, etc.

*Females only- Are you:*

- Pregnant
- Trying to become pregnant
- Lactating
- None of the above

*Males Only-Are you:*

- Dry shave
- Wet Shave
- Irritation from Shaving
- Not shaving

Is there any other information that you would like to provide to help me offer you the best service? *Please include that here.*

---



---



---

**General Consent**

It is my choice to receive spa treatments. I have completed this form to the best of my knowledge and have stated all medical conditions that I am aware of. I understand that all information is kept confidential. I understand that withholding information or providing misinformation may result in contradictions and can cause skin irritations/reactions. I will notify my Esthetician of any changes with my health status, including change of medications. I release Michelle Cook Esthetics and Michelle Cook from any liability and assume full responsibility thereof. Please initial \_\_\_\_\_

I understand and agree to the disclosure policy. Please initial \_\_\_\_\_

All the above play a role in your chemical makeup, including your skin. No guarantee can be made, and no refunds will be given for services rendered. If for any reason you need to reschedule or cancel your appointment, I kindly ask for 48-hours’ notice. Any adjustments, rescheduling, or cancelling done within 48 hours of your appointment will result in you being charged 50% of the scheduled service(s). Any cancellations made under 24 hours, or a no call no show will result in a 100% charge. Arriving to your appointment late, may result in a shortened or modified service. Despite the time remaining, you will be charged 100% of your scheduled service. For intimate waxing clients, please note that starting your cycle is not considered an emergency as waxing can still be performed.

I understand and agree to the cancellation policy. Please initial \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation Policy**

If you need to reschedule or cancel your appointment, I ask for a minimum of 48-hour notice. Any adjustments, rescheduling, or cancelling done within 48 hours of your appointment will result in you being charged 50% of the scheduled service(s). Any cancellations/no shows, less than 24- hour notice, you will be charged 100% of your scheduled service(s).

**Late Arrival**

Will result in a shortened/ modified service, or you might be asked to reschedule. Despite any time remaining, you will be charged 100% of your scheduled service.

**New Clients**

A deposit of 50% of your scheduled service will be required in order to book your first appointment. Except Facials require a 60% deposit. If you should NO SHOW or not give proper notice, this deposit is non-refundable.