

# Skin Care & Waxing by Crickett

## Intake Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: Mo/Day \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

1. WHAT ARE YOUR MAIN SKIN CARE CONCERNS?

2. IF YOU HAD A MAGIC WAND, HOW WOULD YOUR SKIN LOOK IN ONE MONTH?

3. ANY SPECIAL REQUESTS FOR TODAY? (extractions, skin soothing, hydration, relaxation, waxing).

4. MEDICAL, HEALTH, BODY CONDITIONS: Is there anything I need to know before we get started? The more I know, the better your results. (please list any allergies, sensitivities, health issues, diabetic, pregnant or nursing, medications, use of botox or fillers, metal implants, cold sores, herpes, Retin A use, (or any topical products that might cause skin sensitivity).

5. WHAT DID YOU LOVE ABOUT YOUR LAST FACIAL, AND WHAT COULD YOU HAVE LIVED WITHOUT?

6. KNOWING THAT HOME CARE IS A BIG PART OF ACHIEVING BEAUTIFUL SKIN, WOULD YOU LIKE TO CHAT ABOUT HOW TO MAINTAIN TODAY'S RESULTS AT THE END OF YOUR FACIAL?

\_\_\_\_\_ YES, give me the scoop on how to look and feel beautiful ALWAYS

\_\_\_\_\_ NO, just here to relax

7. ANYTHING ELSE YOU WANT TO SHARE? I love learning about my clients as it helps me provide superior customer service.

*continue on back*