Aloha Nui Aesthetics New Client Intake form

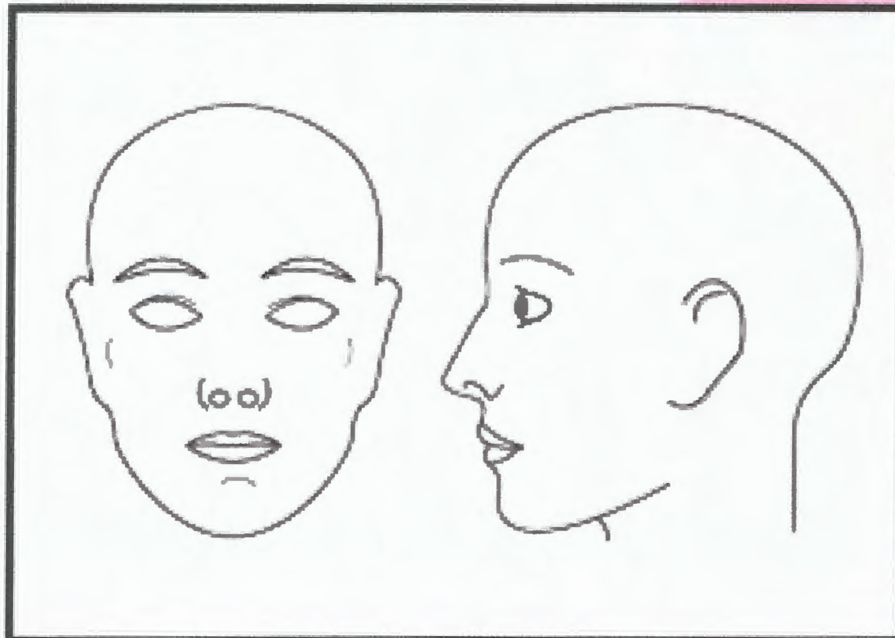
Name: _______________________________ _____ Email: ____________________@_______
1st Phone: ______________________________ 2nd Phone: ________________________
Address: ____
Date of birth: ____/_____/_______ How did you find us? radio / webpage / Facebook / Yelp / friend

1. Which of the following best describes your skin type? very oily oily normal
combination oily/dry Dry very dry sensitive skin thick skin discolored skin
Other description? ____

2. What would you like to improve about your skin? unwanted hair acne rosacea
dryness Fine lines wrinkles large pore size discoloration loss of skin tone
pale spots brown spots dark spots broken veins/capillaries cellulite
Other description? ____

3. What aesthetic procedures have you had before? Botox fillers IPL/laser hair removal
photofacial microdermabrastion chemical peels waxing radiofrequency
Other procedures done?

Mark the areas that you would like to have improved with aesthetics services (below)



Fitzpatrick Skin Type: (please circle skin type that best describes your skin)

Type I	White (always burns, never tans)
Type II	Beige (usually burns, hard tanning)
Type III	Light brown (sometimes burns, slow tanning)
Type IV	Medium Brown (rarely burns, easy tanning)
Type V	Dark brown (very rarely burns, very easy tanning)
Type VI	Very dark brown (never burns, dark tanning)

Sun History & Lifestyle

How often are you at the beach or outdoors in the sun?	always / sometimes / never
Do you wear UV clothing when outdoors in sun? What type?	always / sometimes / never
How often do you use sunscreen? What SPF?	always / sometimes / never
Have you or a family member had skin cancer?	Yes / no

If yes, who & what type?

Regular skin care products & Brands used:

cleanser:

moisturizer:

exfoliate:

sunscreen:

toner:

eye cream:

night cream:

other:

Past Medical History: HIV eczema/psoriasis anemia autoimmune disorder

hepatitis B/C herpes/cold sores keloid bleeding disorder muscular disease

nerve disease depression/anxiety diabetes seizure disorder inflammatory disorder

Other:

Which of these is unstable or poorly controlled?

Allergies (food, medications, skin care products, etc.): ______________________

Medications (prescriptions, vitamins, boosters & supplements, etc.):

1.
2.
3.
4.
5.
6.
7.
8.

Please read, initial & signature/date:

I certify that the medical information that I have given is complete & accurate: __________ (initial)

I understand that my medical insurance does not cover aesthetic services and that I am solely responsible for cost: ____________ (initial)

Signature/date: ______________________________________/___________