

Nourish Skin Health Intake Form

Name _____ Date _____

Address _____ City _____ Zip _____

Email _____ Birthday _____ Age today? _____

Home Phone _____ Alt/Cell _____

How did you hear about Nourish Inside & Out? _____

What are your top 3 concerns at this time?

1. _____ 2. _____ 3. _____

Medical History: Pregnant? Yes No Maybe N/A Breastfeeding? Yes No

Current health condition or disease? _____

Current medications: _____

Past Surgeries: _____

Have you ever been diagnosed with cancer? Yes No Date of last treatment _____

Allergies (including aspirin & iodine): _____

Do you use tobacco products? Yes No

Do you use any of these topical

OTC:

____ Benzoyl Peroxide (BP)

____ Glycolic Acid (AHA)

____ Lactic Acid (AHA)

____ Resorcinol

____ Sulfur

____ Vitamin A

____ Vitamin C

____ Salicylic Acid (BHA)

Prescription products:

____ Tretinoin (Retin A)

____ Triluma Micro, Renova, Avita

____ Metrogel (Antibiotic)

____ Hydrocortisone (HC)

____ Isotretinoin (Accutane)

____ Azelaic Acid (Azelex, Finecea)

____ Tazarotene (Tazorac)

____ Adepalene (Differin)

____ Hydroquinone (HQ)

____ Other: _____

Previous Treatments:

Facials: Yes No Last treatment: _____ Any complications? _____

Microdermabrasion: Yes No Last treatment: _____ Any complications? _____

Chemical Peels: Yes No Last treatment: _____ Any complications? _____

Hair Removal: Yes No Last treatment: _____ Any complications? _____

Tanning: Yes No Last treatment: _____ Any complications? _____

If previously filled out this form: Any changes since last visit? No _____

Yes: Please indicates changes on form.

Initial _____

Please circle the items below that pertain to you:

- | | |
|---------------------------------------|---|
| Botox/ Restylane/ Collagen injections | Accutane- past or present |
| Diabetes | Hepatitis |
| Easy bruising / Poor Wound Healing | History of melanoma or basil cell carcinoma |
| Currently taking antibiotics | keloids/excessive scarring |
| Herpes (cold sores) | Hepatitis |

When exposed to the sun, do you:

- | | |
|---|--|
| <input type="checkbox"/> Always burn, never tan | <input type="checkbox"/> Sometimes burn, sometimes tan |
| <input type="checkbox"/> Always burn, sometimes tan | <input type="checkbox"/> Always tan |

Skincare: What type of skin do you feel you have? Oily Normal Combination Dry

What is your skin routine? (indicate brands of cleansers, toners, serums, moisturizers, masques, etc.)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Any known food allergies? Yes No _____

What is your daily intake of (in cups): ___ Water ___ Coffee ___ Tea ___ Soda ___ Alcohol ___

Do you sleep well? Yes No How many hours? _____

Any pain, stiffness or swelling? Yes No

Do you experience yeast infections? Yes No **Urinary tract infections?** Yes No

Hormones:

Are your periods regular? Yes No **Painful or symptomatic?** Yes No

Check apply to you:

- | | |
|--|---|
| <input type="checkbox"/> *Currently taking oral contraceptives | <input type="checkbox"/> *History of taking oral contraceptives |
| <input type="checkbox"/> *Previously taken oral contraceptives | <input type="checkbox"/> *IUD birth control |
| <input type="checkbox"/> Reached menopause | <input type="checkbox"/> Hormone Replacement Therapy |

*If taking/taken birth control contraceptives- what kind/brand? _____

I understand that the services offered are not a substitute for medical care, and any information provided by the therapist is for educational purposes only and not diagnostically prescriptive in nature. I understand that the therapist does not diagnose, treat, or prescribe for any illness, ailment or disease. I understand the information herein is to aid the therapist in giving better service and is completely confidential.

I understand there are certain risks associated with facial services. I hereby hold the company and its associates harmless and waive any and all liability that may arise from any service or products from Nourish Inside & Out. I have fully disclosed all information required on this form including allergies, medications, any health issues and previously preformed services elsewhere.

Client Signature _____ Date _____

Parent/Guardian Signature providing Consent & Release (if client is less than 18 years of age.)

Signature _____ Date _____

Nourish Inside & Out Policies

- ❖ A 24 hour notice of appointment cancellation is greatly appreciated, when possible. Life and things happen but this simple courtesy will not go unnoticed by me or the client who is waiting for an appointment to come available.
- ❖ Arriving on time is important. If you are going to be more than 10 minutes late I will need to make changes to your service to accommodate the time we have left in your appointment. At 15 minutes late we may need to reschedule your appointment. If this is the case a \$25 fee will be charged as it is then considered a missed appointment.
- ❖ In regards to not showing up for your scheduled appointment, or not calling to notify me of your cancellation, I will need to ask for a credit card number to keep on file when you re-book your appointment. There will be a charge for the next missed appointment or non-notification of cancellation. The fee is 50% of the scheduled service. In the case of a pre-paid series of appointments, the missed appointment is forfeited and you will be required to pay 50% of the full value of the single service fee to re-book that appointment. Additionally, if you have a Gift Certificate there will be a 50% reduction in the value of said certificate.
- ❖ Gift Certificates are good at full value for 6 months from date of issue (other than conditions stated above regarding missed appointments). After six months a Gift Certificate is valued at 50% of original value. At one year the Gift Certificate will be void and have no value.
- ❖ Returns: Returns of products (opened or unopened) will be accepted within 14 days. Opened products will be refunded at 50% of value. Unopened will be refunded at full value. No exceptions.
- ❖ The policies are subject to change.
- ❖ Nourish Inside & Out reserves the right to refuse service.

Signature: _____ Date: _____