



Microneedling / Client Intake

Name _____ DOB _____

Address _____

Email: _____ Yes or No
would to receive email specials

Phone number or Cell Phone _____ Yes or No
would receive text messages specials

1. Do you currently have a sunburn, windburn, ance flareup or other skin irritation? Yes or No
2. Do have any permanent makeup? Yes or No
3. Do you currently or regularly use ORAL or TOPICAL medications (Retin-A, Renova, Differin, Tazorac, Benzoyl Peroxide, or any other) if yes please list those:
4. Are you pregnant or lactating? Yes or No
5. Do you wear contact Lens? Yes or No
6. Do you smoke or vape? Yes or No
7. Do you receive Botox, Filler, or any other injectables??? If so when did last time you received any injectables last 30 days and what did you receive? Yes or No

8. Have you had any type of resurfacing or other procedure using a medical device on your face? Yes or No
9. Have you had chemical peel within the last 4 weeks? Yes or No
10. Do you use hair removal products or receive hair removal treatments (depilatories, sugaring, waxing, laser hair removal)? Yes or No
11. Do you have any allergies or sensitivities to products? Yes or No
12. Do you develop cold sores or fever blisters? Yes or No

By signing below, you agree to following to best your knowledge and agree I completed this inform your esthetician of any changes to the services being performed. I have been informed and understand all of the contraindications to the requested treatments and agree that do not have any conditions that need to inform to skin care professional about at this time. If I have discomfort, I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my skin care professional and Royal Pampering Day Spa for loss, damages, or cost injury or damages incurred whether caused by due to my misrepresentation, negligence, of releases or otherwise my health history.

Client Signature _____ Date _____

Skin Care Professional _____ Date _____