



PERLIS WELLNESS CENTER

Facial and Body Skincare Intake Form

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Have you Ever Taken Isotretinoin (Accutane)? Yes No Date of Last Dose? \_\_\_\_\_

Skincare Goals: \_\_\_\_\_

- Anti-aging Acne Eczema Clarifying Moisturizing
Lightening Rosacea Psoriasis Wrinkle Reduction Pampering
Brightening Enlarged Pores Healing Prevention

Facial Skin Type (circle): Dry Normal Combination Oily Sensitive
Body Skin Type (circle): Dry Normal Combination Oily Sensitive

Skincare Products Used:

Table with 7 columns: FACE, Application Time (circle), Application Frequency (circle), Product Brand, Product Name, Product Brand, Product Name. Rows include Cleanser(s), Toner(s), Exfoliant(s), Mask(s), Serum(s), Eye Cream(s), Moisturizer(s), Sunblock(s), Lip Treatment(s), Other.

MAKEUP (list all brands used): \_\_\_\_\_

Table with 7 columns: BODY, Application Time (circle), Application Frequency (circle), Product Brand, Product Name, Product Brand, Product Name. Rows include Cleanser(s), Toner(s), Exfoliant(s), Mask(s), Serum(s), Moisturizer(s), Oil(s), Sun block(s), Hand Cream(s), Foot Cream(s), Other.

Client Signature: \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_