



Sunrise Spa

Facial Client Intake Form

Name _____ Date _____

Have you had any reactions to skin care products or cosmetics? ☐ Yes ☐ No

If yes, please describe: _____

Please list any known skin allergies: _____

Do you have any other health concerns we need to know about? ☐ Yes ☐ No

If yes, please describe: _____

Skin type: ☐ Normal ☐ Oily ☐ Dry ☐ Combination

What areas of concern do you have regarding your skin? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> - Breakouts/Acne | <input type="checkbox"/> - Blackheads/Whiteheads |
| <input type="checkbox"/> - Uneven skin tone | <input type="checkbox"/> - Sun damage |
| <input type="checkbox"/> - Excessive oil/Shine | <input type="checkbox"/> - Wrinkles/Fine lines |
| <input type="checkbox"/> - Dull/Dry skin | <input type="checkbox"/> - Rosacea |
| <input type="checkbox"/> - Broken capillaries | <input type="checkbox"/> - Redness/Ruddiness |
| <input type="checkbox"/> - Dehydrated | <input type="checkbox"/> - Sun, liver, brown spots |

When you go out into the sun, do you:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> - Always burn | <input type="checkbox"/> - Usually burn | <input type="checkbox"/> - Never burn |
| <input type="checkbox"/> - Sometimes burn | <input type="checkbox"/> - Rarely burn | |

Have you seen a dermatologist within the past year? ☐ Yes ☐ No

If yes, please explain: _____

Do you currently use any of the products listed below? (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> - Accutane | <input type="checkbox"/> - Adapalene | <input type="checkbox"/> - Differin |
| <input type="checkbox"/> - Isotretinoin | <input type="checkbox"/> - Renova | <input type="checkbox"/> - Retin-A / Stieva-A |
| <input type="checkbox"/> - Scrub/Peel | <input type="checkbox"/> - Topical vitamin A | <input type="checkbox"/> - Topical vitamin C |
| <input type="checkbox"/> - Tretinoin / Avita | <input type="checkbox"/> - Other: _____ | |

If yes, please describe: _____

Have you recently received Botox, Restylane, or Collagen injections? ☐ Yes ☐ No

If yes, please specify: _____

By signing this form, the client agrees to the following:

I understand, have read, and completed this intake form truthfully and agree to inform the technician of any changes in the above information. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Name: _____

Signature: _____ Date: _____

Google Review



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Yelp Review



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