

Date ____/___

Facial and Body Skincare Intake Form

First NameL		Last Name	DOB//		Skincare Goals:	
Have you Ever Ta Facial Skin Type (Body Skin Type (d	circle): Dry	Normal Comb	No Date of Las pination Oily pination Oily	t Dose? Sensitive	Anti-aging Acne Eczema Clarifying Moisturizing	Lightening Brightening Rosacea Enlarged Pores Psoriasis Healing Wrinkle Reduction Pampering Prevention
body omn Type (inciej. Diy	William Come	ony	belisiere	Moistarizing	rumpering revention
Skincare Produc	cts Used:					
FACE:	Application	<u>Application</u>				
	Time (circle):	Frequency (circle):	Product Brand:	Product Name:	Product Brand:	•
Cleanser(s)	am / pm	daily/weekly/monthly				am/pm
Toner(s)	am / pm	daily/weekly/monthly				am/pm
Exfoliant(s)	am / pm	daily/weekly/monthly				am/pm
Mask(s)	am / pm	daily/weekly/monthly		am/	pm	am/pm
Serum(s)	am / pm	daily/weekly/monthly		am/	pm	am/pm
Eye Cream(s)	am / pm	daily/weekly/monthly		am/	pm	am/pm
Moisturizer(s)	am / pm	daily/weekly/monthly		am/	pm	am/pm
Sunblock(s)	am / pm	daily/weekly/monthly		am/		
Lip Treatment(s)	am / pm	daily/weekly/monthly		am/		
Other	am / pm	daily/weekly/monthly		am/	pm	am/pm
MAKEUP (list all b	orands used):					
BODY:	Application	Application				
	Time (circle):	Frequency (circle):	Product Brand:	Product Name:	Product Brand:	Product Name:
Cleanser(s)	am / pm	daily/weekly/monthly		am/	pm	am/pm
Toner(s)	am / pm	daily/weekly/monthly				am/pm
Exfoliant(s)	am / pm	daily/weekly/monthly		am/	pm	am/pm
Mask(s)	am / pm	daily/weekly/monthly		am/	pm	am/pm
Serum(s)	am / pm	daily/weekly/monthly		am/	pm	am/pm
	am / pm	daily/weekly/monthly			pm	am/pm
Moisturizer(s)	, 1			,	nm	/
Oil(s)	am / pm	daily/weekly/monthly		am/	рш <u></u>	am/pm
Oil(s) Sun block(s)	, .	daily/weekly/monthly		am/		
Oil(s) Sun block(s) Hand Cream(s)	am / pm	daily/weekly/monthly daily/weekly/monthly		am/	pm	am/pm
Moisturizer(s) Oil(s) Sun block(s) Hand Cream(s) Foot Cream(s)	am / pm am / pm	daily/weekly/monthly		am/ am/ am/	pm pm pm	am/pm

Skincare Intake Form Rev. 3/25/13 by JR