

Facial Intake Form

Guest name:

Therapist:

Date:

How would you describe your skin?

- 1.
- 2.
- 3.

What is your skincare routine at home? (Please circle)

Cleanse	Eye care	Treatment	SPF protection
Tone	Night product	Serum	Lip care
Exfoliate	Make up	Oil	Body care
Moisturizer	Masque	Concentrate	Neck care

Have you had a facial before? What was your favorite and least favorite part?

Do you have any allergies?

Do you prefer a: Matte / Dewey Finish?

What type of massage pressure do you prefer?

Soft Medium Firm