Le Mieux | PROFESSIONAL

CLIENT INTAKE FORM

Name	Birthdate / /
Email	Contact Number

For your safety and best results, please indicate all that apply to you:

Medical Conditions

Pregnant or trying	☐	Contact Lenses	☐
Breastfeeding	☐	Skin Cancer	☐
Metal/Electronic Implants	☐	Cold Sores	☐
Seizures	☐	Bleeding Disorder	☐
Diabetes	☐	Autoimmune	☐
Impaired Wound Healing	☐	Other: _____	

Skin Types

	Oily	Balanced	Dry
T-Zone	☐	☐	☐
Cheeks	☐	☐	☐

Allergies & Adverse Reactions

Aspirin	☐	Hydroxy Acids	☐
Nuts	☐	Latex	☐
Essential Oils	☐	Sulfur	☐
Cosmetics	☐	Other: _____	
Fragrance	☐	_____	

Skin Concerns

Pigmentation	☐	Sensitivity	☐
Dehydration	☐	Breakouts	☐
Lines & Wrinkles	☐	Puffiness	☐
Sagging Skin	☐	Dark Circles	☐
Dullness	☐		

Medication

Taken within the last 6 months and last date used:

Accutane	☐	/ /
Isotretinoin	☐	/ /
Retin-A	☐	/ /
Adapalene	☐	/ /
Tretinoin	☐	/ /
Differin Gel	☐	/ /
Blood Thinners	☐	/ /
Other	☐	/ /

Lifestyle

	Low	Moderate	High
Stress Levels	☐	☐	☐
Sleep Quality	☐	☐	☐
Outdoor Time	☐	☐	☐
Cardio Activity	☐	☐	☐
Skincare	☐	☐	☐
Alcohol	☐	☐	☐
Caffeine	☐	☐	☐
Smoking	☐	☐	☐

Recent Procedures (include last date performed)

Peels		/ /	Injectables		/ /
Laser		/ /	Waxing		/ /
IPL		/ /	Microblading		/ /
Dermaplane		/ /	Tanning		/ /
Microneedling		/ /	Other: _____		/ /

Homecare (check any that you use)

Cleanser	☐	Serum	☐	Eye & Lip	☐
Toner	☐	Mask	☐	SPF	☐
Exfoliant	☐	Moisturizer	☐		

Other: _____

_____

NEXT PAGE →

Post Procedure

Professional treatments may cause temporary changes in skin sensations and skin sensitization both during and after treatment. For optimal results, avoid the following post procedure:

- Internal and external heating
- Exfoliation
- Unprotected UV exposure

By signing below, you agree to the following:

I have reviewed this form and agree to inform the technician of any changes in the above information. I will immediately inform the technician of any discomfort I experience during my treatment. I understand that best results are dependent on following pre- and post-procedural instructions, including homecare product recommendations. I will contact my technician immediately if I experience prolonged sensitivity or dramatic changes to my skin post treatment.

Signature	Any Changes?	Date
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	