Client Intake Form

Le Mieux PROFESSIONAL

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	☐	Other: _____
Toner	☐	Mask	☐	SPF	☐	_____
Exfoliant	☐	Moisturizer	☐			

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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, _____, confirm that I have read and understood all of the information provided to me. I affirm that the responses I have given are accurate and complete to the best of my knowledge. I understand that the treatments and recommendations offered are intended to support the appearance and condition of the skin and are not a substitute for medical care.

I acknowledge that the skincare specialist has explained what to expect during and after treatment and may suggest modifications to my home care routine when appropriate. I understand that results can vary based on factors such as age, skin type, and overall lifestyle, and that consistent participation in scheduled treatments and home care may contribute to optimal results.

If I have any questions or concerns about the services received or the recommended regimen, I agree to communicate those promptly to my skincare specialist.

By signing below, I voluntarily release and agree to hold harmless [insert practitioner's name], [insert business name], and staff from any claims or liability related to the services performed, including potential sensitivities or unexpected outcomes.

If you have concerns about a service or product, notify your skincare professional within 24 hours of your appointment so the issue can be addressed appropriately. Services and product suggestions are tailored to individual skin needs using professional judgment.

I have read, understood, and agree to the above statements.

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☐	
	Yes☐ No☐	
	Yes☐ No☐	
	Yes☐ No☐	