

# Skincare Intake Form

1507 Riverside Ave, Suite 204, Fort Collins, CO 80524 · (605) 593-1338 · hello@zendaispa.com

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Please complete this form before your first appointment. Your answers stay confidential and help Amy build a safe, effective treatment plan for your skin.

## Client Information

Full Name

Date of Birth

Phone

Email

Address

Emergency Contact

Emergency Phone

Occupation

How did you hear about us?

## Skin History & Goals

What are your primary skin concerns and goals?

Current skincare products / routine (cleanser, serums, SPF, retinoids, etc.)

Previous professional treatments (facials, peels, microneedling, IPL, laser, Botox/filler)

## Medical History

Please mark any condition that applies to you:

Yes  No Pregnant or nursing

Yes  No Active cold sores / herpes

Yes  No Diabetes

Yes  No Autoimmune disorder

Yes  No Cancer (current or past)

Yes  No Keloid or hypertrophic scarring

Yes  No Epilepsy / seizures

Yes  No Hormonal imbalance

- Yes  No Eczema, psoriasis, rosacea
- Yes  No Pacemaker or metal implants
- Yes  No Allergies to skincare ingredients
- Yes  No Accutane in the last 12 months

- Yes  No Recent sunburn or tan
- Yes  No Hepatitis or HIV
- Yes  No Sensitivity to light / photosensitivity
- Yes  No Use of retinoids in last 7 days

**List any allergies (skincare, latex, medications, foods)**

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**Current medications & supplements**

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**Anything else Amy should know about your skin or health?**

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# Skincare Intake — Consent

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## Informed Consent

I understand that esthetic treatments are intended to improve the appearance and health of my skin, and that results vary from person to person. I confirm that the information I have provided is true and complete to the best of my knowledge. I will notify Zendai Spa of any change in my health, medications, or skincare routine before each visit. I understand that some treatments may cause temporary redness, swelling, peeling, sensitivity, or, in rare cases, pigmentation changes. I agree to follow all pre- and post-treatment instructions provided to me.

I release Zendai Spa and its practitioner from any liability for adverse reactions resulting from undisclosed conditions, medications, or failure to follow aftercare instructions.

Photo Consent (optional): I give Zendai Spa permission to take before/after photos of treated areas for my chart and, only with separate written permission, for educational or marketing purposes.

I consent to chart photos     I do not consent to photos

**Client Signature**

**Date**

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## Cancellation Policy

I understand that Zendai Spa requires at least 24 hours' notice to cancel or reschedule. Late cancellations and no-shows may be charged up to 100% of the scheduled service.

**Client Signature**

**Date**

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