Mystique MEDICAL SPA
& Wellness Center of Fresno, Inc.

CLIENT INTAKE FORM

Name: _____ Date of Birth: ____/____/_____ Date: ____/____/_____

Email (**Please Print**)

_____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell:_____ Work Phone: _____

Emergency Contact: _____ Phone Number: _____

How did you hear about us? (Please check all that apply.)
Friend_____ Relative_____ Web Search_____ Newspaper_____ Radio (Y101)_____ Facebook_____
Radio (Soft Rock 98.9)_____ Television(ABC 30)_____ Television (Telemundo)_____ Email_____
Other:_____

SKIN CARE/What is your daily skin care regimen?_____

Which of the following best describes your skin type?
☐Very oily skin, large pores ☐Oily skin ☐ Combination skin, oily in T-zone, dry to normal cheeks
☐ Dry skin ☐Sensitive skin

SUN HISTORY & LIFESTYLE

How often do you work outdoors?	☐Frequently	☐ Occasionally	☐ Very Rarely
How often do you use a sunscreen?	☐ Frequently	☐ Occasionally	☐ Very Rarely
How often do you use tanning beds?	☐ Frequently	☐ Occasionally	☐ Very Rarely

PREVIOUS PROCEDURES
Which of the following have you had in the past?

☐ Botox
☐ Fillers (Juvederm/ Radiesse/Restalyne/Voluma)
☐ Microdermabrasion
☐ Chemical Peels
☐ Facials
☐ Electrolysis
☐ Waxing/Threading
☐ Tattoo Removal
☐ Laser Hair Removal
☐ Permanent Make-Up
☐ Skin Resurfacing
☐ Skin Rejuvenation
☐ Skin Tightening
☐ Cellulite/Circumference Reduction

_____
Client Signature

Reviewed By:

_____ _____
R.N. Name R.N. Signature