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Skincare Treatment Intake Form

As a Holistic Esthetician I think from the "inside-out." For your skin to look it's best, I need to know more about you. Thank you for answering this questionnaire to the best of your ability.

Name _____

Address _____

Phone _____ Email _____

Birthday _____

What are your current skincare challenges? _____

How often do you receive facials? _____

Please describe your skin in 3 words. _____

Please list any skincare ingredient sensitivities, food allergies or other challenges that you are dealing with:

How much water do you drink per day? _____

Please list all medications or nutritional supplements that you are currently taking: _____

Are you eating a good diet including lots of fruits, vegetables and healthy fats? _____

What is your current Skincare Regime (Product names please):

AM	PM
_____	_____
_____	_____
_____	_____
_____	_____