

General Intake Form

Name: _____ Date: _____

Address: _____

Birthdate: _____ Phone Number: _____

Emergency contact: _____ Occupation: _____

Reason for visit: _____

Specific concerns: _____

List of medications: _____

Allergies: _____

Do you tan, in the sun often, use a tanning bed: YES NO

Please list your home skincare: _____

I _____, do fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care. I understand that the skin care professional will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if deemed necessary. I also am aware that individual results are dependent upon my age, skin condition, and lifestyle. I agree to actively participate in following appointment schedules and home care procedures to the best of my ability.

In the event that I may have additional questions or concerns regarding my treatment or suggested home product routine, I will inform my skin care professional immediately. I release and hold harmless the skin care professional Morgan Carpenter, Sage Skin and Beauty, from any liability for adverse reactions that may result from this treatment.

I authorize and grant Sage Skin and Beauty to take my photos regarding my experiences with them. I grant Sage Skin and Beauty to use my photos on Facebook, Twitter, Instagram, and other social media platform. I allow Sage Skin and Beauty to edit, alter, copy, or distribute the photos for social media advertising and marketing. I agree that the photos belong to Sage Skin and Beauty. I understand that I will not receive any monetary compensation. YES NO _____

_____ date _____

client signature