

**DERMASPACE™**  
**ELECTROTHERAPY SKINCARE**  
Confidential Intake Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone # & Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

1) What are some of your skin concerns?

\_\_\_\_\_

2) Have you ever used or are you currently using the following: (please circle)

Accutane      Retin-A      Renova      Topical Antibiotics  
Differrn      Tazarac      Alpha Hydroxy Acids

If yes, how long and when? \_\_\_\_\_

3) How would you rate your skin? (please circle)

Normal      Dry      Oily      Combo      Sensitive      Sun Damaged

4) Are you claustrophobic? Yes or No (I'll explain why during the intake)

5) Metal implants or pins? Yes or No

6) Are you under the care of a Dermatologist? Yes or No

If yes, explain: \_\_\_\_\_

7) Are you currently using any prescription drugs or creams that affect your skin? Yes or No

If yes, explain: \_\_\_\_\_

8) Please check if you have any of the following.

Acne\_\_  
Anemia\_\_  
Birth Control\_\_  
Cancer (explain) \_\_\_\_\_  
Heart Issues\_\_  
Circulatory Issues\_\_  
Contact Lenses\_\_  
Dark Spots\_\_  
Depression\_\_

Diabetes\_\_  
Eczema\_\_  
Epilepsy\_\_  
High Blood Pressure\_\_  
Hysterectomy/Menopause\_\_  
Keloids\_\_  
Pacemaker\_\_  
Pregnant\_\_  
Stroke\_\_

9) How would you rate your stress level? (Circle)      HIGH      MEDIUM      LOW

10) Have you have a skin treatment before and if so, what kind?

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11) What temperature do you wash with generally? (Circle)      HOT      WARM      COOL

12) Please list what type of skin care products you are currently using.

Cleanser \_\_\_\_\_

Exfoliant \_\_\_\_\_

Toner \_\_\_\_\_

Masque \_\_\_\_\_

Eye Crème \_\_\_\_\_

Moisturizer \_\_\_\_\_

Sunscreen SPF \_\_\_\_\_

Other \_\_\_\_\_

13) Are you open to using the "DERMASPACE SKIN THERAPY" product line? YES or NO

**PAYMENT AGREEMENT POLICY & CANCELLATION  
PROCEDURES**

*24 hours notice is required to cancel an appointment.*

*In the event of a "no-show" you will be charged a \$50 late cancellation fee.*

*If you are more than 10 minutes late to a scheduled appointment, the appointment is considered a late cancellation and the \$50 fee is charged.*

*Please call if you are running late to see if you can still be accommodated.*

Please....no cell phones.

I certify that all of the above information is true to the best of my knowledge and I understand and agree with the payment policy and cancellation procedures. I understand that the services received here are not a substitute for medical care and any information given by the Esthetician is for educational purposes only.

**We do not give cash or credit refunds on services or products.**

By signing this form I waive any and all claims, damages, action and liabilities against Jody Leon Williamson dba Dermaspac arising out of, or relating to, skincare services and allergic reactions to products and services suggested or sold.

Siganture: \_\_\_\_\_ Date: \_\_\_\_\_