



## Facial Intake Form - Required

Intake forms **MUST** be filled out at home and prior to your spa visit. All questions with an \* **MUST** be answered to submit.

First name \*

Last name \*

Phone number \*

Email \*

Preferred contact method \*

Date of birth \*

Street address \*



City \*

State \*

Zip \*

Are you currently taking any medications or vitamins? If yes, please list name and use. \*

Do you have any food, cosmetic, or drug allergies? If yes, please list and explain. \*

Are you currently pregnant? If so, how many weeks? Any high risk factors? \*

Have you had any injuries, broken bones, and/or major surgeries in the past 12 months? If yes, please explain. \*

Are you currently seeing a physician for a specific medical concern? (Acute or Chronic) If yes, please explain. \*

Please select any of the following conditions that may apply: \*

- Cancer
- Fibromyalgia
- Headaches/Migraines
- Stroke
- Autoimmune Disease
- Hepatitis (Any)
- Arthritis
- Heart Attack
- Diabetes
- Kidney Dysfunction
- Epilepsy
- Claustrophobia
- Joint Replacement
- High Blood Pressure
- Low Blood Pressure
- Blood Clots
- Neuropathy
- Fungal Infection
- Open Wounds
- None

Are you currently under the care of a dermatologist for skin cancer or other skin related condition(s)? If yes, please explain. \*

Do you have a history of cold sores? Are you currently experiencing an outbreak? If you are currently experiencing an outbreak, please contact us to reschedule your appointment until your cold sore is completely healed. \*

Are you currently using or have received the following within the past 30 days? \*

- Chemical Peel
- Microdermabrasion
- Laser Hair Removal
- Dermaplaning
- Microneedling
- IPL
- Other Resurfacing Treatment
- Azlex
- Differin
- Renova
- Retin-A
- Tazarac
- Glycolic Acid
- AHAs
- None

What are your main skin concerns? \*

- Acne/Clogged Pores
- Dry
- Oily
- Sensitive
- White Spots
- Fine Lines/Wrinkles
- Redness
- Uneven Tone/Texture
- Dark Spots

Please select any of the following that are part of your regular skincare routine: \*

- 1st Cleanse
- 2nd Cleanse
- Toner
- Serum

- Moisturizer
- Eye Cream
- Exfoliation
- Nutritive Mask
- Clay Mask
- SPF

Please list the primary skincare line that you currently use. \*

In the past 14 days have you received the following: \*

- Botox
- Dysport
- Juvederm
- Other type of facial injection
- None

Which type of environment do you prefer while receiving your facial? \*

- Peace and Quiet
- Some Conversation
- Engaged and Talkative

What are the end results that you are expecting from your facial session today? \*

## Business Policies

### Cancellation Policy

We reserve appointments specifically for you!  
Please notify us 12-hours in advance should you need to reschedule or cancel your appointment. If you reach us after normal business hours, please leave a message.  
If you are sick (cough, fever, shortness of breath, sneezing, or flu-like symptoms), please notify us immediately to cancel or reschedule your appointment without penalty.  
Same day cancellations are subject to 50% of the total price of the service(s).  
Missed appointments without alerting us are subject to the full total price of the service(s).  
Thank you for cancelling your appointment 12 hours in advance.  
We appreciate your business!

I understand that any services I have scheduled with Jalan Facial Spa may carry a risk of injury. I recognize that as a result of these services, unpredictable side effects may occur, including, but not limited to, redness of the skin, inflammation, feelings of lightheadedness, irritation of the skin, blood pressure changes, and allergic reactions. I understand that a medical evaluation is advisable before commencing any Jalan Facial Spa service. I will continue to keep Jalan Facial Spa informed of any medical problems or change in my physical condition which may affect services that I have scheduled in Jalan Facial Spa. I acknowledge that neither Jalan Facial Spa, nor its employees are engaged in diagnosing or treating medical diseases or conditions. I expressly assume all risks to me associated with any service offered by Jalan Facial Spa, including the elevated risk of disease transmission, including COVID-19. I waive any claim which I might otherwise bring against Jalan Facial Spa, its officers, directors, shareholders, employees, or contractors as a result of injuries resulting from or relating to my participation in one or more services. Jalan Facial Spa shall not be responsible or liable for any article lost, stolen, or damaged in or about Jalan Facial Spa. Jalan Facial Spa will not tolerate any inappropriate acts. I understand that my session will be terminated due to any form of inappropriate behavior. We are committed to professionalism and expect the same from our guests. I agree to these terms and policies.

## Signature

Please sign here to consent to cancellation and liability information \*

[Clear](#)

\* Indicates a required field

Done