



647 N. Wyoming Ave, Kingston, PA  
570.283.0111

### Organic Customized Facial Intake Form

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

Is this your first professional facial treatment? Y N  
Do you wear contact lenses? Y N  
Do you wear permanent makeup? Y N  
Have you ever experienced claustrophobia? Y N  
Do you use any essential oils or topical medications on your face? Y N  
If yes, please specify \_\_\_\_\_

How would you categorize your skin? Please indicate all that apply.

Oily \_\_\_\_\_ Congested \_\_\_\_\_ Tight \_\_\_\_\_  
Dry \_\_\_\_\_ Sensitive \_\_\_\_\_ Loose \_\_\_\_\_

What are your main skin concerns?  
\_\_\_\_\_

What are you're your long-term skincare goals?  
\_\_\_\_\_

Please circle the items that you use regularly:

Eye Makeup Remover AM and/or PM Moisturizer  
Toner/Astringent Sunscreen  
Scrub/Exfoliant Concentrate/Serum  
Cleanser Eye Cream  
Masque Other: \_\_\_\_\_

List any skincare products you have had an allergic reaction to:  
\_\_\_\_\_

Do you experience shine during the day? Y N If so, what time of day? \_\_\_\_\_  
Do you experience skin breakouts? Y N If so, how often/where? \_\_\_\_\_  
Does your skin ever feel tight or dry after cleansing? Y N

***By signing I acknowledge that during my course of facials it is extremely important to inform Thrive and my facial of any changes in the use of all medications including Accutane, Retin-A, and other prescribed topical medications for my own safety and protection.***

***Client Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_



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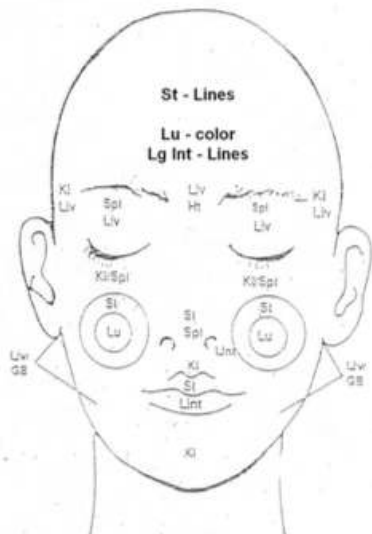
**Organic Customized Facial Observations  
(Esthetician Use Only)**

Client Name \_\_\_\_\_ Date: \_\_\_\_\_

**Skin Diagnosis:**

<b>Skin Type</b>	Dry	Oily	Combination
<b>Sensitivity Level</b>	Low	Moderate	High
<b>Skin Thickness</b>	Thin	Medium	Thick
<b>Skin Condition</b>	Dehydrated	Keratinized	Elastic
<b>Capillary Fragility</b>	Hypo	Hyper	Distension

<b>Color Changes Present</b>	<b>Y</b>	<b>N</b>	
Hyper Pigmentation			Sallowness
Hypo Pigmentation			Ruddiness
<b>Congestion Present</b>	<b>Y</b>	<b>N</b>	
Closed Comodones			Papules
Open Comodones			Rosacea



**Facial Observations**

	<i>Condition</i>	<i>Energy/Meridian</i>
	<b>Puffy upper lids</b>	<b>Spleen/damp</b>
	<b>Puffy under lids</b>	<b>Low Stomach</b>
	<b>Dark underlids</b>	<b>Low Spleen</b>
	<b>Dry eyes</b>	<b>Liver cong/heat</b>
	<b>Large pores/dry flaky/acne</b>	<b>Heat</b>
	<b>Long term pimples</b>	<b>Lg Int/Colon cleanse</b>

**Esthetician Signature:** \_\_\_\_\_

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



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**Organic Customized Facial Service Notes  
(Esthetician Use Only)**

**Session Date** \_\_\_\_\_

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**Session Date** \_\_\_\_\_

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**Session Date** \_\_\_\_\_

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**Session Date** \_\_\_\_\_

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