



acupuncturekitchen

## Acupuncture Kitchen Intake Form For Facials and Skin Care

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

What is your skin care regiment? \_\_\_\_\_

\_\_\_\_\_

What is your ethnicity? \_\_\_\_\_

What medications and/or vitamins are you currently taking?

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? What are you allergic to?

\_\_\_\_\_

Are you currently or have you ever been on Retin-A? When?

\_\_\_\_\_

What are your skin care goals and how would you like to see your skin?

\_\_\_\_\_

\_\_\_\_\_

Are you looking for any skin care products today and is there anything else you want to discuss?

\_\_\_\_\_

\_\_\_\_\_