

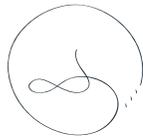
**JORDAN JACOBS, L.Ac, MAcOM, LE**

512-337-2588 | jordan@ctw.care

18700 FM 1431, Ste. F • Jonestown, TX 78645

### Skincare Intake Form

Patient Name		Date	
What is the main concern for your skin?			
When did this condition begin?			
Are you under the care of a doctor for any current skin condition or related problem?    Y    N			
If so, please explain:			
Are you receiving skin care treatments from any professional?			
If yes, please elaborate:			
Please circle if you are presently experiencing or have experienced in the past:			
reactions to product	reactions to touch	easily flushed	keloid scarring
acne	blackheads	pustules	rosacea
hyperpigmentation	hypopigmentation	broken capillaries	severe sunburn
skin cancer	seborrhea	eczema	psoriasis
dermatitis	melasma	dry/flaking	dehydratoin
excessive oiliness	excessive facial hair	sinus congestion	ear aches/infection
lupus	other		
Circle if you have had any of the following, and provide dates of treatment			
chemical exfoliation		microdermabrasion	
laser resurfacing		hair removal	
botox		injections (fillers)	
IPL		cosmetic surgery	
other			
Please circle if you have been prescribed any of the following, with dates of use/application			
Tretinoin: Retin A    Retin A Micro    Renova    Avita			
Adepalene: Differen		Azelaic Acid: Azlex    Finacea TM	Tazrotene: Tazorac
Isotretinoin: Accutane		Triluma	Metrogel
other			



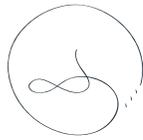
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Please circle the products below if you have or are currently using any of the following			
benzoyl peroxide	AHA: glycolic acid	lactic acid	resorcinol
beta hydroxy: salicylic	vitamin c	vitamin a	retinol
sulfur	hydroquinone	hydrocortisone	
Please circle skincare products you are currently using at home			
cleanser	oil cream milk foam		toner
exfoliants	scrub machine/brush	chemical	how often?
serums	peptides enzymes antioxidants anti-acne anti-wrinkle clarifying		
moisturizer	gel lotion cream oil		
masks	hydrating detoxifying clarifying		
eye treatment	serum moisturizer		
sun protection	level spf daily occasionally		
Do you have any allergies to botanical ingredients, or have you had reactions to skincare ingredients?			
If so, list them			
Have you used a tanning booth or otherwise had prolonged UV exposure in the last 14 days?			
When exposed to the sun do you (circle one)			
always burn, never tan	always burn, sometimes tan	sometimes burn tan	always tan
Please circle all that apply			
hearing aids	pacemaker	contacts	hormone replacement
arthritis	diabetes	hepatitis	immune disorder
skin disease	seizure disorder	epilepsy	blood clots
skin lesions	poor circulation	insulin pump	
Are you pregnant or trying to get pregnant? Y N Are you taking birth control pills? Y N			
Circle or note what you would like to see improve			
uneven skin tone	pigmentation/freckles/spots	elasticity	sun damage
enlarged pores	dehydration	texture/roughness	excess oiliness
surface dryness	fine lines	wrinkles	sun damage
redness	scarring	breakouts	acne
blackheads	visible capillaries	eye area	



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## Skincare Intake Form

### Client Waiver

I have acknowledged that the information provided by me is true and correct to the best of my knowledge. I understand it is very important to disclose the truth about recent treatments to my skin or medications to avoid reactions or other consequences.

I also understand that some skin conditions may require more than one treatment and home care products to achieve the desired results. I hereby release Jordan Jacobs Acupuncture, PLLC from any liability pertaining to treatments, and I understand results are not guaranteed due to differences in skin conditions and types.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

### Type of Treatments by Jordan Jacobs, L.Ac, LE

**Facial Rejuvenation:** Acupuncture treatment for purposes of improving complaints of the skin and face may include the following: acupuncture needles for the body (constitutional), needles for the face, cleanser and other products to treat the skin.

**Facial Gua Sha:** Manipulation of the facial tissue and neck area with tools for this purpose, as well as skincare products to facilitate ease of smoothing over the skin.

**Facial Cupping:** Facial decompression with tools created specifically for use in this area, along with cupping on the body to enhance the move of lymphatic tissues. Skincare products will be used to facilitate smooth movement of the cups.

**Microneedling:** A microneedling device is assigned to the individual. If the patient only receives one treatment, the patient is responsible for the cost of the device. With a package, the patient can retain the tool for home use at the conclusion of the package for a partial fee. The tool is sanitized between use, and may not be shared. The patient may experience some discomfort post treatment for a day or two, such as tenderness or slight redness.

### Photography Consent (optional)

I hereby grant permission to Jordan Jacobs Acupuncture, PLLC to take pictures of my face/body in the area of treatment strictly for my own personal before and after files. I understand that in the event Jordan Jacobs Acupuncture, PLLC or The Road PLLC wish to use these photos for commercial, educational or any other reason, they must obtain my explicit permission.

Initial \_\_\_\_\_

### Photography Release (optional)

I have been asked to use my before and after images for purposes related to commercial, educational or other reason by Jordan Jacobs Acupuncture, PLLC/The Road, PLLC, and I agree to their use for this purpose. I understand there is no control over theft of images once they are published, though every effort will be taken to protect their use. I understand they will be public and agree to this use. My name or other identifying information will not be attached to the image or otherwise published.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_