



MANDALA
AESTHETICS

Intake Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Preferred Phone: _____

Email: _____

Emergency Contact: _____ (relationship) _____ Phone: _____

What procedures are you interested in?

- Botox
- Dermal Fillers
- Platelet Rich Plasma (PRP) for facial rejuvenation
- Platelet Rich Plasma (PRP) for hair restoration
- Other _____

Allergies:

Current medications and supplements: (Important to list blood thinning medications)

Problems with local anesthetic (such as lidocaine)? **N** **Y**

Previous Cosmetic Treatments:

Botox or similar	N	Y	Date: _____
Dermal Fillers	N	Y	Date: _____
Chemical Peel	N	Y	Date: _____
Facial Surgery	N	Y	Date: _____ Procedure(s) _____

Have you ever had any of the following conditions?

Bleeding problems/conditions	N	Y
Diabetes	N	Y
Infection (active)	N	Y
Blindness/partial blindness in either eye	N	Y
Facial herpes simplex (cold sores)	N	Y

Signature: _____ Date: _____