

Client Consultation

Date: _____ Name: _____

Date of Birth: _____ Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-mail address: _____

Employer: _____ Occupation: _____

Does your job require that you work outdoors? Yes No

Referred by: _____

What would you like to achieve from your treatment today?

YOUR SKINCARE?

1) Have you ever had facial treatment before? No Yes, when? _____

2) Have you ever had a body spa treatment before? No Yes, when? _____

 Massage: No Yes

 Salt Glow: No Yes

 Seaweed Wrap: No Yes

 Detox Mud: No Yes

 Body Scrub: No Yes

 Other: _____

3) Which of the following best describes your skin type? (Please circle one type number)

I Creamy complexion Always burns easily | Never tans.

II Light Complexion Always burns | Tans slightly.

III Light/Matte Complexion Burns moderately | Tans gradually.

IV Matte Complexion Seldom burns | Always tans well.

V Brown Complexion Rarely burns | Deep tan.

VI Black Complexion Never burns | Deeply pigmented.

3A) How much water you drink daily (ounces): _____

Client Consultation Continued

4) Do you have any special skin problems or concerns pertaining to your face or body?

Yes No Specify: _____

5) Have you ever had chemical peels, laser or microdermabrasion? No Yes

In the last month? No Yes

6) Do you use Refin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products?

No Yes Describe: _____

7) Have you used any of these products in the last 3 months? No Yes

8) Have you used an acne medication? No Yes, when? _____

Which drug? _____

9) What skin care products are you currently using? (List brand where known)

Toner _____ Mask _____

Eye Product _____ Cleanser _____

Day Moisturizer _____ Exfoliator _____

Scrubs _____ Shower Gels _____

Body Lotions _____ Sunscreen _____

SPF _____ Night Moisturizer/Cream _____

Other _____

Makeup Products _____

10) Have you recently used any self-tanning lotions, creams, or treatments?

No Yes, Specify: _____

11) Have you used any of the following hair removal methods in the past six weeks? No Yes,

circle all that apply:

Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

12) What areas of concern do you have regarding your:

Skin: (Please check any that apply and explain)

Breakouts/acne Blackheads/whiteheads Excessive oil/shine Rosacea

Broken capillaries Redness/ruddiness Uneven skin tone Sun damage

Wrinkles / fine lines Dull/dry skin Flaky skin Dehydrated

Sunspot / liver spot/brown spot Other _____

Client Consultation Continued

Eyes: (Please check any that apply and explain)

dehydrated wrinkles puffiness dark circles Other: _____

Lips:

dehydrated cracked/chapped lips Other: _____

13) Have you ever had an allergic reaction to any of the following?

(Please check any that apply and explain)

Cosmetics Medicine Food Animals
 Sunscreens Iodine Pollen AHAs
 Fragrance Shellfish Latex Drugs

Other _____

If yes, please explain: _____

14) What SPF do you use on your face? _____ How often/when? _____

15) What SPF do you use on your body? _____ How often/when? _____

16) Have you had any recent tanning bed or sun exposure that changed the color of your skin?

No Yes, Specify: _____

17) Have you experienced Botox, Restylane or Collagen injections?

No Yes, Specify: _____

Female Clients Only:

18) Are you taking oral contraceptives?

No Yes, Specify: _____

19) Any recent changes to or from your contraceptive treatment?

No Yes, If so, what and when: _____

If so, what and when: _____

20) Are you pregnant or trying to become pregnant? No Yes

21) Are you lactating? No Yes

22) Any menopause problems?

No Yes, Specify: _____

Client Consultation Continued

23) Are you undergoing any hormone replacement therapy?

No Yes, Specify: _____

Male Clients Only:

24) What is your current shaving system? Wet shave Electric

25) Do you experience irritation from shaving? No Yes

Ingrown hairs? No Yes

Please use this space to complete answers where space was insufficient.

(Please include the number of the question)

Future Appointments / Contact Consent:

May I call you at your home, work or cell phone number to confirm future appointments?

No Yes

May I contact you via mail/email about future promotions and news?

No Yes

I understand, have read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Name: **(print)** _____

Client Signature: _____

Date: _____