

### CLIENT INFO

Name

Date

Address

Phone

Email

### PERSONAL INFORMATION

1. What are your skin concerns and challenges today?  
\_\_\_\_\_
2. What are you currently using on your skin?  
\_\_\_\_\_
3. Do you have any allergies? ☐ Shellfish ☐ Iodine ☐ Gluten ☐ Soy ☐ Sulphur ☐ Seasonal  
Other (Please list) \_\_\_\_\_
4. Are you taking any medications for allergies? ☐ Yes ☐ No
5. Have you ever had an adverse reaction to a cosmetic product? ☐ Yes ☐ No If yes, please describe.  
\_\_\_\_\_
6. Have you ever had an adverse reaction to a skin care treatment? ☐ Yes ☐ No If yes, please describe.  
\_\_\_\_\_
7. Have you ever been diagnosed with skin cancer on the face, scalp, neck or v-area? ☐ Yes ☐ No
8. Do you have any health problems that we need to be aware of? ☐ Cancer ☐ Diabetes ☐ Psoriasis ☐ Lupus  
☐ Arthritis ☐ High or Low Blood Pressure ☐ Other (Please list) \_\_\_\_\_
9. Are you currently under a physician's care for any skin disorders? ☐ Acne ☐ Rosacea ☐ Eczema ☐ Psoriasis  
☐ Other (please list) \_\_\_\_\_
10. Are you pregnant or lactating? ☐ Yes ☐ No
11. Have you had a chemical peel, laser or microdermabrasion treatment in the last 6 months? ☐ Yes ☐ No
12. Have you taken Accutane or used Retin-A/Renova within the last 12 months? ☐ Yes ☐ No If yes, when?  
\_\_\_\_\_
13. Do you tan? (Tanning Booth or Outdoor UV Exposure) ☐ Yes ☐ No If yes, how often? \_\_\_\_\_
14. Do you smoke or vape? ☐ Yes ☐ No
15. Do you have a pacemaker or any pins in bones? ☐ Yes ☐ No
16. Are you wearing contact lenses today? ☐ Yes ☐ No

### CHEMICAL PEEL CONSENT

My esthetician may choose to use a surface peeling chemical exfoliant during my facial and I give consent.

Client Signature

Date

Esthetician's Initials

Date