

Client Consultation- Skincare



Date: ____/____/____

Name: _____

Date of Birth MM/DD/YY: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ - _____ E-mail address: _____

Referred by: _____

What would you like to achieve from your treatment today? _____

Your Skin Care

- 1) Have you ever had a facial treatment before? No Yes, when? _____
- 2) Have you ever had a body spa treatment before? No Yes, when? _____
- 3) Have you ever had chemical peels, laser or microdermabrasion? No Yes In the last month? No Yes
- 4) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/Vitamin A derivative products? No Yes

If yes, have you used any of these products in the last 3 months? No Yes

5) Have you used an acne medication? No Yes, when? _____ Which drug? _____

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

Soap _____ Exfoliator _____

Toner _____ Shower Gels _____

Mask _____ Body Lotions _____

Eye Product _____ Sunscreen _____

Cleanser _____ SPF _____

Moisturizer _____ Self-tanning lotions, creams _____

7) Have you used any of the following hair removal methods in the past six weeks? No Yes, circle all that apply.

Shaving Waxing Electrolysis Tweezing Stringing Depilatories

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

Skin: (Please check any that apply)

- Breakouts/acne
- Blackheads/whiteheads
- Excessive oil/shine
- Rosacea
- Broken capillaries
- Redness/ruddiness
- Sun spot/liver spot/brown spot
- Uneven skin tone
- Sun damage
- Wrinkles/fine lines
- Dull/dry skin
- Flaky skin
- Dehydrated
- Other _____

Eyes:

- dehydrated
- wrinkles
- puffiness
- dark circles

Lips:

- dehydrated
- cracked/chapped lips

9) 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 _____

10) Have you had any recent tanning bed or sun exposure that changed the color of your skin? O No O Yes

11) Have you experienced Botox, Restylane or Collagen injections? O No O Yes

12) Are you claustrophobic? O No O Yes

Female Clients Only:

13) Are you taking oral contraceptives? O No O Yes, specify: _____

14) Are you pregnant or trying to become pregnant? O No O Yes

15) Any menopause problems? O No O Yes, specify: _____

16) Are you undergoing any hormone replacement therapy? O No O Yes, specify: _____

Male Clients Only:

17) What is your current shaving system? O Wet shave O Electric

18) Do you experience irritation from shaving? O No O Yes Ingrown hairs? O No O Yes

Future Appointments/Contact:

May I call/text you at your cell phone number to confirm future appointments? O No O Yes

May I contact you via mail/email about future promotions and news? O No O Yes

May I take and use photos on the internet/ social media as part of a portfolio of treatments? O No O 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.

We appreciate your business. So that we can best serve all our clients, please be advised of these policies.

CONFIRMATION

A confirmation email &/or text will be sent 72 hours before your scheduled appointment. If the appointment is not confirmed within 24 hours of your appointment start time the scheduled time will not be held.

ARRIVAL TIME

Please aim to arrive 10 minutes before your scheduled appointment time. If you arrive after your scheduled appointment time, it may not be possible to extend the time available for your booked service; if your service is shortened due to your late arrival, you will be charged the full cost of the service.

CHANGING YOUR APPOINTMENT

24 hours notice is required to reschedule or cancel a booked appointment. If you reschedule, cancel or miss your scheduled appointment you will be charged 50% of the service cost if less than 24 hours before your appointment.

Client Signature: _____ Date: _____

Esthetician: _____ Date: _____