Client Consultation Form

Date : _____

Name _____ Date of Birth _____

Address : _____ City _____ Zip Code_____

Phone# _____ Email _____

Referred by _____ Other _____

What is your skin care goal for today's treatment ? _____

_____

1. Have you ever had a facial before ? Yes, when _____ / No _____
2. Do you have any special skin problems or concerns pertaining to your face or body ? No _____ / Yes, please specify _____
3. Do you use Retin-A, AHA or any Retinol derivative products ? No _____ Yes, please specify _____ How long ago ?_____
4. Have you used an acne medicine? No _____ Yes, when? _____
5. Have you had chemical peels, laser or microdermabrasion products ? No_____ Yes, specify _____ When? _____
6. What skin care products are you currently using ? (List brand)

   Face (soap or cleanser) _____ Toner _____

   Day Moisturizer _____ SPF _____

   Night Moisturizer _____ Exfoliator/scrub _____

   Eye product _____ Other products _____
7. What areas of concern do you have regarding your skin ? (please check all that apply)

   Breakouts/acne ____ Blackheads/whiteheads ____ Excessive oil/shine___

   Rosacea ____ Broken capillaries ____ Redness ____ Sunspot/Liver Spot ____

   Flaky skin ____ Dehydrated ____ Other _____

8. Have you ever had any allergic reaction to any of the following? (please check all that apply)

   Cosmetics ____ AHAs ____ Medicine ____ Food ____ Animals ____ Drugs____

   Sunscreens ____ Iodine ____ Pollen ____ Fragrance ____ Latex ____

   Shellfish _____ Other _____

9. Have you had any recent tanning bed or sun exposure that chaned the color of your skin? No _____ / Yes, please specify _____

10. Have you had Botox, Restylane or Collagen injections ? No ____
    Yes, when? _____

11. Are you taking oral contraceptives? No _____ Yes _____

12. Are you pregnant or trying to get pregnant? No _____ Yes _____
    Lactating? No _____ Yes _____

13. Any menopause problems ? No ____ Yes, please explain _____

14. Are you undergoing any hormone replacement therapy? Yes ____ No ____

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

Client Signature _____ Date _____