



Client Consultation Form

Date: _____
Name: _____ Date of Birth: _____
Address: _____
Phone Number: _____ Email: _____
Referred by: _____
What is your main goal for todays treatment? _____

Your Skin Care

- 1) Have you ever had a facial before? No _____ Yes, when? _____
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, Renova, AHA or Retinol derivative products? No _____
Yes, please specify _____ Used in the last 3 months? No _____
If Yes, how long ago? _____
4) Have you even had chemical peels, laser or microdermabrasion? No _____ Yes, when? _____
5) Have you even used an acne medicine? No _____ Yes, when? _____ Which drug? _____
6) What skin care products are you currently using? (List brand where known)
Face Soap/Cleanser _____ Toner _____
Day Moisturizer _____ SPF _____
Exfoliator/Scrub _____ Mask: _____
Eye Product _____ Night Moisturizer _____
Other: _____

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____
Sun spot/liver spot____ Wrinkles/fine lines____ Dull/dry skin____
Flaky skin____ Dehydrated____ Other____

Eyes:

Dehydrated____ Wrinkles____ Puffiness____
Dark circles____ Other____

8) Have you ever had any allergic reaction to any of the following? (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 changed the color of your skin?

No____ Yes, please explain_____

10) Have you had Botox, Restylane or Collagen injections? No____ Yes, when?_____

FEMALE CLIENTS ONLY:

11) Are you taking oral contraceptives? No____ Yes, please specify_____

12) Are you pregnant or trying to become pregnant? No____ Yes____ Lactating?No____ Yes____

13) Any menopause problems? No____ Yes, please explain_____

14) Are you undergoing any hormone replacement therapy? No____ Yes, which_____

Future Appointments/Contact:

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

May we 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 Signature:_____ **Date:**_____