Client Consultation

Date:						
Name:			_ Date of Birth:			
Address:						
Home Phone:_		Business Phone:				
Cell Phone:		E-mail address:				
Single: O No C	Yes Married: O No	O Yes If yes, anniversary da	ate:			
Employer:		Occupation:				
Does your job	require that you work outdoors?	O No O Yes				
Referred by:						
What would you like to achieve from your treatment today?						
		Your Skin Care				
1) Have you ev	rer had a facial treatment before?	O No O Yes, when?				
Massa Salt gl Seawe Moor r Body s	ow: eed wrap: mud:	O No O Yes	n?			
3) Which of the following best describes your skin type? (Please circle one type number)						
 V 	Creamy complexion Light Complexion Light/Matte Complexion Matte Complexion Brown Complexion Dark Brown Complexion	Always burns easily, never Always burns, tans slightly Burns moderately, tans gr Seldom burns, always tan Rarely burns, deep tan Rarely burns, deeply pigm	/ radually s well			
4) Do you have	e any special skin problems or co	ncerns pertaining to your fac	ce or body? O Yes O No			
specify:_						
			Yes In the last month? O No O Yes derivative products? O No O Yes			
describe:						

Client Consultation - continued

7) Have you used a	any of these	e products in th	e last 3 mor	nths? O No O	Yes		
8) Have you used a	an acne me	dication? O No	O Yes, whe	en?	Which di	rug?	
Soap				Shower Gels	S		
Toner				Body Lotions	S		
Mask				Sunscreen			
Eye Product				SPF			
Cleanser				Night Moisturizer/Cream			
Day Moisturizer				Other			
Exfoliator							
Scrubs				· 			
9) What skin care p	oroducts ar	e you currently	using? (List	brand where k	nown)		
10) Have you recei	ntly used ar	ny self-tanning l	otions, crear	ns or treatmer	nts? O No O	Yes, specify:	
11) Have you used	any of the fo	ollowing hair ren	noval method	ls in the past si	x weeks? O	No O Yes, circle all	that apply.
Shaving	Waxing	Electrolysis	Plucking	Tweezing	Stringing	Depilatories	
12) What areas of	concern do	you have rega	rding your: S	Skin: (Please c	heck any tha	t apply and expla	in)
Breakouts/acne				Uneven skin	tone		
Blackheads/whiteheads				Sun damage	Э		
Excessive oil/shine				Wrinkles/fine lines			
Rosacea				Dull/dry skin	1		
Broken capillaries				Flaky skin			
Redness/ruddiness				Dehydrated			
Sun spot/liver spot/brown spot				Other			
Eyes: dehydrated Lips: dehydrated 13) Have you ever If yes, please expla	cracked/ch	napped lips 🖵 rgic reaction to	Other:		ase check an	ly that apply and	explain)
Cosmetics				AHAs			
Medicine			ū	Fragrance			_
Food				Shellfish			
Animals				Latex			
Sunscreens				Drugs			
lodine Pollen				Other			
Pollen			_				

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Client Consultation - continued

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 e	exposure that changed the color of your skin? O No O Yes
specify:	
17) Have you experienced Botox, Restylane or Co	llagen injections? O No O Yes
specify:	
Female Clients Only: 18) Are you taking oral contraceptives? O No O	Yes
specify:	
19) Any recent changes to or from your contracep	tive treatment? O No O Yes
If so, what and when:	
20) Are you pregnant or trying to become pregnan	nt? O No O Yes
21) Are you lactating? O No O Yes	
22) Any menopause problems? O No O Yes	
specify:	
23) Are you undergoing any hormone replacement	therapy? O No O Yes
specify:	
Male Clients Only: 24) What is your current shaving system? Wet sha	ave 🗅 Electric 🗅
25) Do you experience irritation from shaving? O	No O Yes Ingrown hairs? O No O Yes
Please use this space to complete answers where sp	pace was insufficient. (Please include the number of the question)
Future Appointments/Contact: May I call you at your home, work or cell phone no	umber to confirm future appointments? O No O Yes
May I contact you via mail/email about future prom	notions and news? O No O Yes
ous verbal or written disclosures. I understand that withholding in	ully. I agree that this constitutes full disclosure, and that it supersedes any previnformation or providing misinformation may result in contraindications and/or eceive here are voluntary and I release this institution and/or skin care profes-
Client Signature:	Date:

