

Utopia Therapeutic Massage & Skin Care, LLC

Skin Care Questionnaire

Name: _____

Birthday: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Referred By: _____

Email Address (if you want to receive monthly specials): _____

Have you ever received a facial before? _____

If yes, did you receive and achieve the results you were looking for? _____

Primary reason for your appointment today? _____

Please list three things you would like to change about your skin:

1) _____

2) _____

3) _____

Circle which skin concerns are most important for you to be addressed today:

Sensitive * Oily * Dry * Clogged Pores * Flaky * Aging

Circle any services you would like to add onto your service today:

Hand/Foot Paraffin * Brow/Lip/Chin Wax * Eye Zone Treatment * Extractions

Do you have any allergies or sensitivities to products? _____

Any health concerns that we should be aware of? _____

Do you take any medicine that affects your skin? _____

Are you pregnant? _____ If so, how many months? _____

Any complications? _____

We believe you will achieve better skincare results with self-maintenance. You will receive a Plantogen Skin Care Regimen recommending products for your home use. What skincare/haircare products do you need to replenish today? _____

Client Signature: _____ Date: _____