Client Consultation

Date:			
Name:			Date of Birth:
Address:			
Home Phone:	·	Business Phone:	
Cell Phone:		E-mail address:	
Single: O No	O Yes Married: O No	o O Yes If yes, anniversary	date:
Employer:		Occupation:	
Does your job	o require that you work outdoors?	? O No O Yes	
Referred by: _			
What would y	ou like to achieve from your treat	ment today?	
		Your Skin Care	
1) Have you e	ever had a facial treatment before	? O No O Yes, when?	
Mass Salt g Seaw Moor Body	0	 ○ No ○ Yes 	nen?
	ne following best describes your s		e type number)
 V V V	Creamy complexion Light Complexion Light/Matte Complexion Matte Complexion Brown Complexion Black Complexion	Always burns easily, new Always burns, tans sligh Burns moderately, tans Seldom burns, always ta Rarely burns, deep tan Never burns, deeply pig	ntly gradually ans well
4) Do you hav	ve any special skin problems or c	oncerns pertaining to your f	face or body? O Yes O No
specify	:		
	-		O Yes In the last month? O No O Yes A derivative products? O No O Yes
describ	e:		

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Client Consultation - continued

Medicine 🗅 Fragrance 🗅	7) Have you used	any of these	e products in th	e last 3 mor	nths? O No O	Yes		
Toner Body Lotions Mask Sunscreen Eye Product SPF Cleanser Night Moisturizer/Cream Day Moisturizer Other Exfoliator Makeup Products Scrubs	8) Have you used	an acne me	dication? O No	o O Yes, whe	en?	Which d	rug?	
Mask	Soap				Shower Gels	3		
Mask	Toner				Body Lotion:	S		
Eye Product SPF Cleanser Night Moisturizer/Cream Day Moisturizer Other Extoliator Makeup Products Scrubs 9) What skin care products are you currently using? (List brand where known) 10) Have you recently used any self-tanning lotions, creams or treatments? O No O Yes, specify: 11) Have you used any of the following hair removal methods in the past six weeks? O No O Yes, circle all that apply. Shaving Waxing 12) What areas of concern do you have regarding you:: Skin: (Please check any that apply and explain) Breakouts/acne Uneven skin tone Blackheads/whiteheads Sun damage Excessive oil/shine Wrinkles/fine lines Redness/ruddiness Dehydrated Sun spot/liver spot/brown spot Other: Cosmetics AHAs Medicine Fragrance Cosmetics AHAs Animals Latex Other Drugs								
Cleanser Night Moisturizer/Cream Day Moisturizer Other Exfoliator Makeup Products Scrubs								
Day Moisturizer Other Exfoliator Makeup Products Scrubs 9) What skin care products are you currently using? (List brand where known) 10) Have you recently used any self-tanning lotions, creams or treatments? O No O Yes, specify: 11) Have you used any of the following hair removal methods in the past six weeks? O No O Yes, circle all that apply. Shaving Waxing 12) What areas of concern do you have regarding your: Skin: (Please check any that apply and explain) Breakouts/acne Uneven skin tone Blackheads/whiteheads Sun damage Excessive oil/shine Wrinkles/fine lines Rosacea Dull/dry skin Broken capillaries Braky skin Buspt/liver spot/brown spot Other: Lipe: dehydrated dehydrated wrinkles puffiness 13) Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain) If yes, please explain: Cosmetics AHAs Animals Latex Other								
Exfoliator					Other			
Scrubs								
10) Have you recently used any self-tanning lotions, creams or treatments? O No O Yes, specify: 11) Have you used any of the following hair removal methods in the past six weeks? O No O Yes, circle all that apply. Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories 12) What areas of concern do you have regarding your: Skin: (Please check any that apply and explain) Breakouts/acne Uneven skin tone Image Blackheads/whiteheads Sun damage Image Excessive oil/shine Wrinkles/fine lines Image Rosacea Dull/dry skin Image Broken capillaries Flaky skin Image Redness/ruddiness Dehydrated Image Sun spot/liver spot/brown spot Other: Image 13) Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain) if yes, please explain: Image Cosmetics AHAs Image Image Food Shellfish Image Image Identifies Image Image Image Identifies Image Image Image Sun spot/liver spot/brown spot Other:								
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Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories 12) What areas of concern do you have regarding your: Skin: (Please check any that apply and explain) Breakouts/acne Uneven skin tone Image: Skin: Image: Skin	10) Have you rece	ntly used ar	ny self-tanning l	otions, crear	ms or treatmer	nts? O No O	Yes, specify:	
12) What areas of concern do you have regarding your: Skin: (Please check any that apply and explain) Breakouts/acne Uneven skin tone Image Blackheads/whiteheads Sun damage Image Excessive oil/shine Wrinkles/fine lines Image Rosacea Dull/dry skin Image Broken capillaries Flaky skin Image Sun spot/liver spot/brown spot Dehydrated Image Sun spot/liver spot/brown spot Other	11) Have you used	any of the f	ollowing hair ren	noval methoc	ls in the past si	x weeks? O l	No ${ m O}$ Yes, circle a	ll that apply.
Breakouts/acne Image Blackheads/whiteheads Sun damage Excessive oil/shine Wrinkles/fine lines Rosacea Dull/dry skin Broken capillaries Flaky skin Broken capillaries Dehydrated Sun spot/liver spot/brown spot Other	Shaving	Waxing	Electrolysis	Plucking	Tweezing	Stringing	Depilatories	
Blackheads/whiteheads Image Imag	12) What areas of	concern do	you have rega	rding your: S	Skin: (Please c	heck any tha	t apply and expla	ain)
Excessive oil/shine Image: Wrinkles/fine lines Rosacea Dull/dry skin Broken capillaries Flaky skin Broken capillaries Dehydrated Broken capillaries Dehydrated Sun spot/liver spot/brown spot Other Eyes: dehydrated Image: wrinkles Image: puffiness Image: dark circles Image: Other:	Breakouts/acne				Uneven skin	n tone		
Rosacea Image: Dull/dry skin Image: Dull/dry skin Broken capillaries Image: Dehydrated Image: Dehydrated Redness/ruddiness Image: Dehydrated Image: Dehydrated Sun spot/liver spot/brown spot Image: Other	Blackheads/white	heads			Sun damage	9		
Broken capillaries I Flaky skin I Redness/ruddiness Dehydrated I Sun spot/liver spot/brown spot Other	Excessive oil/shine	Э			Wrinkles/fine lines			
Redness/ruddiness Dehydrated Sun spot/liver spot/brown spot Other	Rosacea				Dull/dry skin			
Sun spot/liver spot/brown spot Other Eyes: dehydrated • wrinkles • puffiness • dark circles • Other:	Broken capillaries				Flaky skin			
Eyes: dehydrated wrinkles puffiness dark circles Other: Lips: dehydrated cracked/chapped lips Other: 13) Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain) If yes, please explain: Cosmetics AHAs Medicine Fragrance Food Shellfish Animals Latex Sunscreens Drugs Iodine Other	Redness/ruddiness				Dehydrated			
dehydrated wrinkles puffiness dark circles Other: Lips: dehydrated cracked/chapped lips Other: 13) Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain) If yes, please explain: Cosmetics AHAs Medicine Fragrance Food Shellfish Animals Latex Sunscreens Drugs Iodine Other	Sun spot/liver spot/brown spot				Other			
MedicineIFragranceIFoodIShellfishIAnimalsILatexISunscreensIDrugsIIodineIOtherI	dehydrated Lips: dehydrated 13) Have you ever	cracked/cl had an alle	napped lips 🖵 rgic reaction to	Other: any of the fo		ase check ar	ny that apply and	explain)
FoodIShellfishAnimalsILatexISunscreensIDrugsIIodineOtherI	Cosmetics				AHAs			
AnimalsILatexISunscreensIDrugsIIodineOtherOther	Medicine				Fragrance			
Sunscreens Image: Drugs Image: Drugs Iodine Image: Drugs Image: Drugs	Food			_				
Iodine Other								
					-			
					Other			

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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 exposure that changed the color of your skin? O No O Yes	3
specify:	_
17) Have you experienced Botox, Restylane or Collagen 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 contraceptive treatment? O No O Yes	_
20) Are you pregnant or trying to become pregnant? 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 shave 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 space was insufficient. (Please include the number of the question	on)

Future Appointments/Contact:

May I call you at your home, work or cell phone number to confirm future appointments?	$\rm O$ No $\rm O$ Yes
May I contact you via mail/email about future promotions and news? 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.

Client Signature:

_____ Date:_____

