



Client Consultation

1. What made you come in today? Deep cleansing?
2. What is your skin care concerns?
3. Have you had treatments before?
4. What is your skin care goals?
5. Is your skin normally oily or dry? What is your skin complexion? Do you have Freckles?
6. Do you have any allergies to products and scents?
7. What products are you currently using? Tell me about your current regimen
8. Have you experienced sensitivity from any skincare products?

9. How often do you exfoliate? Does your skin get red after exfoliation? When does that redness go away?
10. Are you taking any medications, supplements/vitamins? Are you using any topical prescriptions from a physician?
11. How often is your sun exposure, and what is the duration?
12. Do you wear sunscreen? If yes, SPF and brand?
13. Do you follow any particular diet?
14. Do you indulge in spicy foods, caffeine, red wine? Tell me about your diet. And water intake
15. Do you suffer from allergies?
16. Do you experience bouts of skin blotching, burning, or itching?
17. How often do you notice redness in the skin?
18. Have you developed spider veins on the face?