Client Consultation

Date: _____

Name: _____

Date of Birth: _____

Address:
_____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Single: [] No [] Yes Married: [] No [] Yes If yes, anniversary date: _____

Occupation: _____

Does your job require that you work outdoors? [] No [] Yes

Referred by:
_____

What would you like to achieve from your treatment today?
_____

Your Skin Care

1) Have you ever had a facial treatment before? [] No [] Yes, when? _____

2) Have you ever had a body spa treatment before? [] No [] Yes, when? _____

Massage: [] No [] Yes
Salt glow: [] No [] Yes
Body scrub: [] No []Yes

Other: _____

3) Which of the following best describes your skin type? (Please circle one type number)

I	Creamy complexion	Always burns easily, never tans
II	Light Complexion	Always burns, tans slightly
III	Light/Matte Complexion	Burns moderately, tans gradually
IV	Matte Complexion	Seldom burns, always tans well
V	Brown Complexion	Rarely burns, deep tan
VI	Rich Complexion	Never burns, deeply pigmented

4) Do you have any special skin problems or concerns pertaining to your face or body? [] Yes [] No specify:

_____

5) Have you ever had chemical peels, laser or microdermabrasion? [] No [] Yes In the last month? [] No [] Yes

6) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? [] No []

Yes describe:

_____

Continued ♋

_____ member
Associated Skin Care Professionals

Client Consultation—continued

7) Have you used any of these products in the last 3 months? [] No [] Yes

8) Have you used an acne medication? [] No [] Yes, when? _____ Which drug? _____

9) What skin care products are you currently using?

10) Have you recently used any self-tanning lotions, creams or treatments? [] No [] Yes, specify:_____

11) Have you used any of the following hair removal methods in the past six weeks? [] No [] 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	o	Uneven skin tone	o
Blackheads/whiteheads	o	Sun damage	o
Excessive oil/shine	o	Wrinkles/fine lines	o
Rosacea	o	Dull/dry skin	o
Broken capillaries	o	Flaky skin	o
Redness/ruddiness	o	Dehydrated	o
Sun spot/liver spot/brown spot	o	Other _____	

Eyes: dehydrated o wrinkles o puffiness o dark circles o Other: _____

Lips: dehydrated o cracked/chapped lips o 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	o	AHAs	o
Medicine	o	Fragrance	o
Food	o	Shellfish	o
Animals	o	Latex	o
Sunscreens	o	Drugs	o
Iodine	o	Other _____	
Pollen	o		

Client Consultation—continued

14) What SPF do you use on your face? _____ How often/when? _____

a. What SPF do you use on your body? _____ How often/when? _____

b. Have you had any recent tanning bed or sun exposure that changed the color of your skin? [] No [] Yes specify:

_____

15) Have you experienced Botox, Restylane or Collagen injections? [] No [] Yes specify:

_____

Female Clients Only:

16) Are you taking oral contraceptives? [] No [] Yes specify:

_____

a. Any recent changes to or from your contraceptive treatment? [] No [] Yes

If so, what and when:
_____

b. Are you pregnant or trying to become pregnant? [] No [] Yes

c. Are you lactating? [] No [] Yes

d. Any menopause problems? [] No [] Yes specify:

_____

e. Are you undergoing any hormone replacement therapy? [] No [] Yes

specify:
_____

Male Clients Only:

17) What is your current shaving system? Wet shave o Electric o

a. Do you experience irritation from shaving? [] No [] Yes Ingrown hairs? [] No [] Yes

Please use this space to complete answers where space was insufficient. (Please include the number of the question)

_____

_____

_____

Future Appointments/Contact:

May I call you at your home, work or cell phone number to confirm future appointments? [] No [] Yes

May I 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:_____

_____ member

Associated Skin Care Professionals