



Date: _____

Name: _____

Date of Birth: _____

Address:

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

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

Employer: _____ Occupation: _____

Does your job require that you work outdoors? m No m 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 Seaweed wrap: No Yes Moor mud: 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 Black 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: _____

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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? (List brand where known)

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)

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: _____

Soap _____ Toner _____

Mask _____ Eye Product _____

Cleanser _____ Day Moisturizer _____

Exfoliator _____ Scrubs _____

Shower Gels _____ Body Lotions _____

Sunscreen _____ SPF _____

Night Moisturizer/Cream _____ Other _____

Makeup Products _____



Breakouts/acne Blackheads/whiteheads Excessive oil/shine Rosacea Broken capillaries
 Redness/ruddiness Sun spot/liver spot/brown spot

Uneven skin tone Sun damage Wrinkles/fine lines Dull/dry skin Flaky skin
Dehydrated Other _____

Cosmetics Medicine Food Animals Sunscreens Iodine Pollen

AHAs Fragrance Shellfish Latex Drugs 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?

No Yes

specify:

17) Have you experienced Botox, Restylane or Collagen injections? No Yes

specify:

Female Clients Only: 18) Are you taking oral contraceptives? No Yes

specify:

19) Any recent changes to or from your contraceptive treatment? No Yes

If so, what and when:

20) Are you pregnant or trying to become pregnant? No Yes

21) Are you lactating? No Yes

22) Any menopause problems? No Yes

specify:

23) Are you undergoing any hormone replacement therapy? No Yes



specify:

Male Clients Only:

24) What is your current shaving system? Wet shave Electric

25) 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: _____