Client Consultation Card

DATE

GENERAL

NAME	STREET	CITY	STATE	ZIP
E-MAIL	**PHONE**	**BIRTHDAY**	**AGE**	

SKIN

What are your primary skin care concerns?				
What are your primary skin care goals?				
Have you had chemical peels, microdermabrasion, or any resurfacing treatments? If yes, specify				
Do you use any prescription skin products?				
Are you currently using products containing any of the following ingredients? If yes, circle any & provide name.	Glycolic Acid	Lactic Acid	Salicylic Acid	Exfoliating Scrub
	Vitamin A derivative			
Do you have a tendency to redness?				
Do you experience any oily shine throughout the day?				
Do you ever experience break outs?				
What is your make-up routine?				
How often do you replenish make up? Please be specific for each item you use.				
What are you using in your current skin care regiment?	**CHECK ALL THAT APPLY AND SPECIFY BRAND TYPE**			
MOISTURIZER AM / PM	**SOAP**	**CLEANSER**	**TONER**	**EYE TREATMENT**
EXFOLIATOR	**SERUM AM / PM**	**MASK**	**SUN PROTECTION**	
MALE CLIENTS ONLY:	**What products do you use during your shaving regime?**			
	Do you experience shaving irritation / ingrown hair?			
	How many times do you shave per week?			

HEALTH

Have you been under a physicians care within the last year?	If yes, please specify:			
List any regularly taken medications, vitamins, supplements, etc.:				
PLEASE CIRCLE ALL THAT APPLY:	Blood pressure	Heart problems	Pacemaker	Diabetes
	Epilepsy	Asthma	Sinus problems	Hormonal problems
	Cold sores	Vericose veins		
Allergies (fragrance, food, cosmetics, animals, plants):				
Other health issues:				
FEMALE CLIENTS ONLY:	Are you taking oral contraception?			
	Are you pregnant / Breastfeeding? If yes, how far along?			

LIFESTYLE

Do you exercise regularly?	

Do you follow a diet? Are you gluten / dairy intolerant?	
How many caffeinated beverages do you consume daily?	
Do you smoke?	
Rate your stress level on a scale from 1-10 (1=lowest, 5=highest)	
Do you sunbathe or use tanning beds?	
Do you have a habit touching your face throughout the day?	

Additional Comments:	