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? ❍ 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
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: _____

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? _____

Soap _____
Toner _____
Mask _____
Eye Product _____
Cleanser _____
Day Moisturizer _____
Exfoliator _____
Scrubs _____

Shower Gels _____
Body Lotions _____
Sunscreen _____
SPF _____
Night Moisturizer/Cream _____
Other _____
Makeup Products _____
_____

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)

Breakouts/acne	❑	Uneven skin tone	❑
Blackheads/whiteheads	❑	Sun damage	❑
Excessive oil/shine	❑	Wrinkles/fine lines	❑
Rosacea	❑	Dull/dry skin	❑
Broken capillaries	❑	Flaky skin	❑
Redness/ruddiness	❑	Dehydrated	❑
Sun spot/liver spot/brown spot	❑	Other _____	

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 _____	
Pollen	❑		

Continued ⇨

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:_____