

## GETTING TO KNOW YOU

## St. Clair Skin Care ~ Love the Skin You're In

I always enjoy getting to know my clients and in order to better serve you it helps to have a bit of information about your health. I'd appreciate it if you would take time to answer the questions on this form  $\sim$  please print clearly so I am able to read and learn about you.

Name:\_\_\_\_\_\_ Age:\_\_\_\_ DOB:\_\_\_\_\_ Address:\_\_\_\_\_City:\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_ eMail\_\_\_\_\_ Daytime Phone:\_\_\_\_\_ In Case of Emergency:\_\_\_\_\_\_ Phone:\_\_\_\_\_ Yes No 1) Do you have arthritis Do you have any contagious diseases 2) Yes No 3) Are you pregnant or lactating Yes No Are you trying to become pregnant 4) Yes No Are you a diabetic Yes No 5) Do you have any recent injuries Yes No 7) Do you smoke Yes No Do you consume alcohol Yes No Are you currently receiving chemo/radiation Yes No 10) Do you have any health issues Yes No If Yes, please explain: 11) Please list all OTC and prescribed medications you are taking:

## For Facial/Peel Clients • • • • •

Marla St. Clair Licensed Esthetician 619.300.4957 marlastclair@uahoo.com

What are your concerns about your skin?	marlastclair@yahoo.con
Large PoresFirmnessWrinkles	AcneDark Spots
Broken CapillariesTexture	
How would you describe your skin?	
OilyDryNormalCom	nbination
RosaceaSkin CancerSensativ	e
1) Do you have large pores	Yes No
2) How often do you have breakouts	Always Weekly Monthly Never
3) Do you have any age spots or discoloration (Such as melasma or acne scars)	Moderate Mild None
4) How would you describe your skin's radiance	Natural Flow Dull
5) Did you have any sunburns when you were young	Yes No
6) How often do you wear sunscreen	Everyday Sometimes Never
7) How many times per week do you exercise	0-2 times 2-4 times 4+ times
8) Do you take vitamin supplements	Yes No
9) What are you currently using on your skin:	
Day MoisturizerNight Moisturizer	Lightening / Whitening Products ased Products
10) Do you have a history of cold sores	Yes No
11) What is your eye color	100
12) Natural hair color	
13) What is your heritage, i.e., German, Irish, etc.,	
PLEASE LIST ALL ALLERGIES:	
TELITOL LIGIT TELETICLETCH.	
Please take a moment to carefully read and review the information of specific symptom, of contraindicated.	
Client Signature	Date