

Personalized Skin Care Consultation Form



Client Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact:

Phone

Email

Text

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Skin Care History:

1. What are your main skin concerns? (Check all that apply)

- Acne
- Dryness
- Oily skin
- Sensitivity
- Aging (fine lines, wrinkles)
- Hyperpigmentation
- Uneven skin tone
- Other: \_\_\_\_\_

2. Have you ever had a professional skin treatment?

Yes

No

If yes, please specify: \_\_\_\_\_

3. What products are currently in your skin care routine? (Please list brands and types)

Cleanser: \_\_\_\_\_

Exfoliator: \_\_\_\_\_

Toner: \_\_\_\_\_

Serum: \_\_\_\_\_

Moisturizer: \_\_\_\_\_

Sunscreen: \_\_\_\_\_

Other: \_\_\_\_\_

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4. Do you have any known allergies or sensitivities?

Yes

No

If yes, please specify: \_\_\_\_\_

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Lifestyle and Habits:

1. How would you describe your skin type?

Normal

Oily

Dry

Combination

Sensitive

2. How often do you experience breakouts?

Rarely

Occasionally

Frequently

3. Do you wear makeup?

Yes

No

If yes, please specify the type (foundation, concealer, etc.): \_\_\_\_\_

4. How much water do you drink daily?

Less than 1 liter

1-2 liters

More than 2 liters

5. Do you smoke or consume alcohol?

Yes

No

If yes, please specify frequency: \_\_\_\_\_

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### Goals and Expectations:

1. What are your skin care goals? (Check all that apply)

- Clearer skin
- Hydration
- Anti-aging
- Brightening
- Smoother texture
- Other: \_\_\_\_\_

2. What treatments are you interested in? (Check all that apply)

- Facials
  - Chemical peels
  - Microdermabrasion
  - Microneedling
  - Other: \_\_\_\_\_
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### Client Signature:

I understand that the information provided is intended to help tailor a personalized skin care regimen and treatment plan. I agree to communicate openly about my skin care routine and concerns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_