

SORELLA

A P O T H E C A R Y

CONSULTATION FORM

Client Name _____

1. Why did you decide to have this Signature Facial today?

2. Have you had a facial before? Yes No

Was there anything you liked or didn't like about it that you want me to include or avoid today?

3. Do you have any special request for today's treatment?
(extractions, LED, waxing, scalp massage)

4. I can go over the products I'm using during your treatment or afterward. What do you prefer?

5. Is there anything you want me to know before we start or anything that might contraindicate your treatment today?
(allergies, pregnant, nursing, health issues)

After the treatment...

6.

Is there anything you would like me to change up for your next appointment?
