Ancient Haven
Spa Studio

Your Skin Care

1) What would you like to achieve from treatments? _____
   _____
2) Have you ever had a facial treatment? ○ Yes ○ No
3) Have you ever had a body treatment? ○ Yes ○ No
4) Please check any skin problems/concerns you may have:
   ○ dehydrated ○ wrinkles/fine lines ○ puffiness ○ dark circles ○ breakouts/acne
   ○ blackheads/whiteheads ○ redness/ruddiness ○ uneven skin tone
   ○ sun damage ○ sun spots/brown spots ○ dull/dry skin ○ flaky skin
   ○ Other, specify:_____
5) How much water do you drink per day?
   ○ none ○ very little ○ moderate amount ○ a lot
6) Do you use sunscreen on your face? ○ Yes ○ No
7) Do you use sunscreen on your body? ○ Yes ○ No
8) What skin care products are you currently using? (List brand where known)
   Cleanser/s:_____
   Toner/s:_____
   Serum/s:_____
   Day Cream/s:_____
   Sunscreen/s:_____
   Night Cream/s:_____
   Eye cream/s:_____
   Other:_____
9) Have you recently used any self-tanning lotions, creams or treatments?
   ○ Yes ○ No
10) Have you used any of the following hair removal methods in the past six weeks? (Check all that apply)
   ○ shaving ○ waxing ○ tweezing ○ threading ○ electrolysis ○ depilatories
11) Have you ever received any of the following treatments? Please estimate last date of service where applicable, as well as any negative reactions you may have experienced.
   ○ Chemical Peels:_____
   ○ Microdermabrasion:_____
   ○ Dermaplaning:_____
   ○ Microneedling:_____
   ○ Laser:_____
   ○ Botox:_____
   ○ Restylane:_____
   ○ Collagen Injections:_____

12) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/Vitamin A derivative products?
○ Yes ○ No
Describe:_____

13) Have you ever used an acne medication? ○ Yes ○ No
Which Med:_____When?_____

14) Are you currently on any other medications? ○ Yes ○ No
Please Specify:_____
_____

15) Are you under the care of a dermatologist? ○ Yes ○ No
Please Specify: General or Specific Care
_____
_____

Client Statement:
The Information contained in this form is true and accurate to the best of my knowledge.

Client's Name:_____

_____

Client's Signature *Parent/Guardian Signature* *Date*