

PRE-CONSULTATION QUESTIONNAIRE

Congratulations on taking the first step to healthy, radiant skin! Before we meet, I ask that you complete this brief questionnaire. Your answers will help me to tailor our consultation to your specific needs. Please complete the following questions as accurately as possible.

Part 1:

CONCERNS AND GOALS

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

Blemishes and breakouts

Large pores

Clogged pores

Oily skin

Dry or itchy skin

Aging

Sensitivity

Other concerns: _____

2. What are your skincare goals? (Check all that apply)

Clearing up blemishes and preventing future breakouts

Reducing the appearance of large pores

Reducing oiliness

Reducing dryness, itchiness, and patches of flaky skin

Reducing existing signs of aging

Preventing signs of aging from appearing

Finding products that don't irritate sensitive skin

Other goals: _____

3. What is your skin type?

Dry

Oily

Combination

Normal

Don't know

Other comments: _____

4. What is your age?

Part 2:

SKINCARE ROUTINE

1. How much time do you usually spend on your skincare routine during the following times of the day?

Morning: _____

Night: _____

2. What products do you use in your daily skincare routine?

3. Are there any speciality products you use a few times a week or month?

Part 3:

SKINCARE PRODUCTS

1. What is your budget for a skincare routine?

2. How often do you experience irritation from using new skincare products?

Rarely to never

Occasionally

Frequently

3. Do you have any sensitivities or allergies to skincare ingredients?

4. Have you ever experienced a negative reaction to a skincare product? If yes what was the product?

5. Have you been diagnosed with any skin conditions? (E.g. acne, rosacea, eczema, psoriasis)

Thank you for completing this questionnaire! I look forward to working with you during our consultation.