



New Client Questionnaire – Facial

Name _____

Date of Birth ____/____/____

Address _____ City _____ State ____ Zip _____

Phone _____ Email _____

Have you had a facial before? Yes _____ No _____

What are your specific skin care concerns?

Dry/Flaky ____ Age/Sun Spots ____ Fine Lines ____ Excess Oil ____ Redness/Sensitivity ____ Blackheads ____

Breakouts ____ None ____ Other _____

What do you like or dislike about your skin? _____

What would you like to change about your skin? _____

What skin care products are you currently using at home?

Cleanser ____ Toner ____ Exfoliant/Scrub ____ Serum ____ Day Moisturizer ____ Night Moisturizer ____

Eye Cream ____ Makeup ____ Brand(s): _____

Are you pregnant, lactating or plan on becoming pregnant soon? No ____ Yes ____

List all known allergies (food, products, ingredients, medication, etc.)

Have you ever had a reaction to skin care products or ingredients? No ____ Yes ____

Please explain _____

Are you using any prescribed exfoliants? (Retin-A, Diferen, Renova, etc.) No ____ Yes ____

Please explain _____

Are you under the care of a doctor for an auto immune disorder? No ____ Yes ____

Are you currently taking any medication that could interfere with a facial treatment? No ____ Yes ____

Please explain _____

Any recent surgery, including plastic surgery, Botox Injections, or any Filler Treatments? _____

On average, how many hours of sleep do you get each night? _____

On a scale of 1 – 10 what is your current stress level? _____

Do you take supplements/vitamins? No ____ Yes ____

Referred By: _____

(over)

Please check all that apply:

Cancer ___ High Blood Pressure ___ Spinal Injury ___ Thyroid condition ___ Diabetes ___

Heart Problem ___ Asthma ___ Eczema ___ Epilepsy ___ Fever Sores ___

HIV/AIDS ___ Lupus ___ Metal bone/pins or plates ___ Phlebitis/blood clots ___

Poor circulation ___ Keloid scarring ___ Skin disease / skin lesion ___ Any active infection ___

List any medications you take

regularly _____

Do you wear contact lenses? _____

Have you ever experienced claustrophobia? No ___ Yes ___

I hereby give my permission to take before and after pictures that could be posted to Facials on Stone's Social Media pages for the purpose of advertisement of services. No ___ Yes ___

**** Cancellation Policy ****

I understand that unanticipated events happen occasionally in everyone's life. In my desire to be fair to all clients, the following policies are honored:

24 Hour advance notice is required when cancelling an appointment

This allows the opportunity for someone else to schedule an appointment. If you are unable to give 24 hours advance notice you will be charged the full amount of your appointment. This amount must be paid prior to your next scheduled appointment.

No-Shows

Anyone who either forgets or consciously chooses to forgo their appointment for any reason will be a "no show". They will be charged the full amount of their appointment.

Late Arrivals

If you arrive late, your session may be shortened in order to accommodate others whose appointment follows yours. Depending on how late you are, I will determine if there is enough time remaining to start the treatment. Regardless of the length of treatment given, you will be responsible for the full session. Out of respect and consideration for myself and the other clients please plan accordingly and arrive on time.

I look forward to serving you!

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding or providing misinformation may result in contraindications and / or irritation to the skin from the treatments received. I am aware that it is my responsibility to inform the skincare therapist/esthetician of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and / or skin care professional from liability and assume full responsibility thereof.

Client Signature _____ Date _____

Print Name _____ Date _____