Confidential Consultation Form

 \*In order to provide you with the safest and most effective treatment, I request that you fill out accurately and thoroughly. This information will be kept completely confidential and be used only by me in the course of your treatments\*

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

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

Facial Analysis:

1. How often do you receive facials? Regularly or Seldom
2. What is your skin type? Normal; Combination; Oily (Medical or Cosmetic); Sensitive; Very Sensitive/Rosacea; or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What are your present skin concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you ever received any of these services? Microdermabrasion; Enzyme Peel; Waxing Services
2. Do you suffer from any allergies? Cosmetic Ingredients; Food; Iodine; Medications; Latex; or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you recently undergone surgery? If so list. Yes; No;

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1. Are you currently pregnant? Yes; How many months\_\_\_\_\_\_; No
2. Do you have diabetes? Yes; No
3. If you use skincare products what type of products do you normally use on your skin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any medications that you are currently taking or any medical conditions. Use reverse side of paper if more space is needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\*The information I have provided is accurate and complete to the best of my knowledge. I understand aestheticians do not diagnose or treat disease, and that any care or recommendations from this session or from my aesthetician does not serve as a substitute for a medical professional’s care. I take responsibility for telling my aesthetician of any changes to my health status, medications, as well as any responses perceived by me to be the result of the treatment I receive as soon as I become aware of them. I also understand that no sexual actions, comments, or innuendos will be tolerated. The staff reserves the right to refuse services at its discretion based on client’s conditions, aesthetician’s skill set, client attitude or action, etc., without explanation or notice. I agree to this policy.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_