



## New Client Consultation Form

**Date \***



Month   Day   Year

**Name \***

First Name   Last Name

**Date of Birth \***

**Address \***

Street Address

Street Address Line 2

City   State / Province

Postal / Zip Code   Country

**Phone Number \***

Area Code   Phone Number

**E-mail \***

example@example.com

**How did you hear about me? \***

Website / Online Search

Yelp

Facebook

Referral

Other

**If Referral, please list name**

**If Other, please let me know**

## Your Skin

**What are your skin care goals? \***

**What are your skin care challenges? \***

Wrinkles / Fine Lines

Hyperpigmentation / Sun Damage

Acne / Acne Scarring

Redness / Rosacea

Aging

Melasma

Sensitivity

Other

**Please feel free to go into more detail**

**Have you ever had a facial or skin treatment before? \***

Yes

No

**If Yes, when?**

**What Skin Care Products do you currently use? \***

Cleanser / Face Wash

Bar Soap

Face Scrub / Exfoliants

Toner

Serums

Moisturizer

Sunscreen

Eye Product(s)

Lip Product(s)

*If you are seeking corrective treatments please detail the SPECIFIC products (**BRAND & PRODUCT TYPE/NAME**) you are currently using so I can best answer any questions on ingredients and help you meet your skin care goals.*

**Cleanser / Face Wash**

**Bar Soap**

**Face Scrub / Exfoliants**

**Toner**

**Serums**

**Moisturizer(s)**

**Sunscreen**

**Eye Product(s)**

**Lip Product(s)**

**Do you/have you used Retin-A, Renova, Adapalene, Accutane, Differen, Glycolic Acid, Lactic Acid, Mandelic Acid, Retinol, or other Vitamin A derivatives? \***

Yes, currently using

Yes, but not within the last 30 days

Yes, but not within the last 6 months

No

Not sure

**Please specify which product or type, if you answered 'Yes, currently using' to above.**

**Have you received any of these hair removal services in the last 30 days? \***

Waxing

Sugaring

Threading

Electrolysis / Laser

Depilatory Cream

Shaving

None

**If checked, please note last time.**

**Have you ever received chemical peels, laser services, or microdermabrasion treatments? \***

Yes, within the last month

Yes, within the last 2-3 months

No

**Have you received any Botox, Juvederm, or other dermal fillers in the last two weeks? \***

Yes

No

## Your Health

**Have you experienced any of these health conditions in the past or present? \***

Hormone Imbalance

Cancer / Systemic Disease

High Blood Pressure

Diabetes

Heart problem

Arthritis

Auto-Immune Disorders

Asthma

Epilepsy / Seizure Disorder

Fever Blisters

Herpes

Frequent Cold Sores

HIV/AIDS

Lupus

Depression/Anxiety

Hepatitis

Headaches / Migraines

Other

None

**If you checked yes to any of these please provide further information. If not mark N/A \***

**Do you? \***

Wear contact lenses

Have a pacemaker

Have metal implants

Have body piercings

No, not Applicable

**Do you take any of the following dietary / health supplements?**

- Multivitamin
- Vitamin C
- Vitamin D/D3
- Zinc
- Omega 3 / Fish Oil
- B Complex / B12
- Garlic
- Calcium
- Folic Acid
- Melatonin
- Coenzyme Q10
- Biotin
- Other

**If other, please list**

**Any known allergies? \***

- Aspirin
- Tree Nuts
- Latex
- Dairy
- Fruits
- Vegetables
- Shellfish
- Iodine
- Fragrances / Essential Oils
- Other
- None

**If Other, please specify**

**Have you used or been prescribed any medications (topical or oral) for acne / acne control? \***

- Yes
- No

**If yes, please specify what and date last used**

**Are you a smoker? \***

- Yes
- No
- Social

**Do you drink more than 4 caffeinated beverages a day? (tea, coffee, soda, energy drinks) \***

- Yes
- No

**Have you ever experienced claustrophobia? \***

- Yes
- No

**Please rate your stress level \***

- Low
- Medium
- High

**Please let me know if you would like to learn about natural ways to lower stress levels**

## **FEMALE CLIENTS**

**Are you taking birth control? \***

- Yes
- No
- N/A

**If yes, what kind**

**Are you pregnant or trying to become pregnant? \***

- Yes
- No

Recently had a baby and am breastfeeding

N/A

**Any menopause issues? \***

Yes

No

N/A

**If yes, please specify**

**Are you undergoing any hormone replacement therapy?**

Yes

No

**If yes, please specify**

**MALE CLIENTS**

**What is your current shaving system? \***

Razor / Wet shave

Electric

N/A

**Do you experience irritation from shaving? \***

Yes

No

N/A

**Post Facial Care/Waxing Instructions: Aerobic exercise and/or vigorous physical activity should be avoided for 48 hours. Direct sunlight exposure is to be avoided immediately following the treatment (including any strong UV light exposure and/or tanning beds). If some sun exposure cannot be avoided first apply a broad spectrum sunscreen of SPF 30. Sunscreen (with a minimum SPF 15) should become part of your daily skin care regimen as skin can potentially become more sensitize to the sun as a result of this treatment. Unless otherwise specified, in the evening following your treatment, cleanse your skin with a mild cleanser and water followed by a non-active moisturizer. Do not apply additional exfoliating ingredients/products the day of your service as over-exfoliation can result in irritation or further sensitivity. Consult your skin care professional before resuming topical treatments. Enzyme peels, DermaFile or DermaDisc treatments,**



**chemical peels or facial waxing can result in skin flushing/redness or slight skin flaking or sensitivity for up to 48-72 hours post treatment. DO NOT peel, pick, rub, or scratch your skin at any time, whatsoever. This can potentially cause damage or compromise your results. \***

I have read the post care instructions and agree to adhere to them.

**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 information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this skin care professional from liability and assume full responsibility thereof.**

Yes