Skin Sanctuary Spa Skin Consultation Form

Name____ Date______________________
Date of Birth__________________________________
Email____
Address____
Home Phone___________________ Cell Phone_______________________Cell Provider______________
Employer____Occupation______________________________
Emergency Contact___________________________phone number__________________________________
Married__________ Anniversary date__________
How did you hear about us______________________________
What would like to achieve from your treatment
today____

Your Skin Care

Have you ever had a facial treatment before? ○yes ○no
when?______________________________________
Have you ever had a body treatment before? ○ yes ○ no
when?______________________________________
Massage ○ yes ○ no Salt Scrub ○ yes ○no
Which of the following best describes you skin type?

I Creamy Complexion	Always burns easily, never tans
II Light Complexion	Always burns, tans slightly
III Light/Matte Complexion	Burns moderately, tans gradually
IV Matte Complexion	Seldom burns, always tans well
V Brown Complexion	Rarely burns, deep tan
VI Black Complexion	Never burns, deeply pigmented

Do you have any special skin problems or concerns pertaining to your face or body? ○ yes ○ no
Please specify____
Have you ever had chemical peels, enzymes, laser or microdermabrasion? ○ yes ○ no In the last month?
○ yes ○ no
Do you use Retin-A, Renova, Adapalene, Hydroxyl Acid or Retinol/ Vitamin A derivative products? ○ yes ○ no
Please specify____
Have you used any of these products in the last 3 months? ○ yes ○ no
Have you used an acne medication? ○ yes ○ no
Which drug?____
What skin products are you currently using? (list brand where known)

Soap___________________________ Shower gel_____________________________________
Toner__________________________ Body Lotions___________________________________
Mask___________________________ Sunscreen_____________________________________
Eye Product_____________________ SPF____
Cleanser_______________________ Night Moisturizer/ Cream__________________________
Day Moisturizer__________________ Other____
Exfoliator______________________ Makeup Products_______________________________
Scrub__________________________

Have you recently used any self-tanning lotion, sunbathing, tanning beds? ○ yes ○no
Specify__________________
Are you under the care of a doctor?____
Current list of medications & uses
____
____

Do scents bother you_______ If so what kind ____
Do you have any metal implants or piercings____
Do you smoke___________________ Drink alcohol_________________ Exercise________________
Botox or Collagen injections in the past 2 weeks________________

Health Please check those that apply

Cold Sores/ Warts __________
Chemotherapy ____________
Heart Issues_______________
Seizures __________________
Balance Issues_____________
Autoimmune Disorder_______
Breathing Issues____________
Blood Disorders____________
Are you using blood thinners?___________
Others not listed above____

Problems with Skin Healing______________
Headaches/Migraines__________________
Muscle/ Joint Issues____________________
Diabetes______________________________
Allergy to skincare ingredients____________
Food Allergies__________________________
Pregnancy________ Trying to conceive_____
Menopause ____________________________

Medication allergies____ if so to what____

Is there anything else you would like us to know?
____

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. I am aware that it is my responsibility to inform the esthetician of my current medical or health conditions and to update this history. I understand that the services offered are not a substitute for medical care and any information provided by the esthetician is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the esthetician in giving better service and is completely confidential. The treatments I receive here are voluntary and I release this institution and/or skin care professional from any liability and assume full responsibility thereof.

Client Signature____
date_______________________