

Facial Client Consultation Form

NAME _____ DATE of BIRTH _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TODAY'S DATE _____ EMAIL _____

What would you like to achieve from your treatment today? _____

1. Have you ever had a facial treatment before? ☐ No ☐ Yes

2. Have you ever had chemicals peels, laser treatments, or microdermabrasion in the last month? ☐ No ☐ Yes

3. Do you use Accutane, Retin-A, Renova, Adapalene Hydroxyl Acid or any other Retinol/vitamin A derivative products? ☐ No ☐ Yes If yes, please specify what and when last used: _____

4. Do you have any of the following conditions:

☐ Epilepsy ☐ Eczema ☐ Dermatitis ☐ Hormone imbalance ☐ Pregnancy and/or breastfeeding
☐ Autoimmune disease ☐ Herpes Simplex ☐ Diabetes

5. Have you experienced Botox, Restylane, or collagen injections/filler? ☐ No ☐ Yes

If yes, please specify: _____

6. What skin care products are you currently using? (List brands if known)

7. What areas of concern do you have regarding your skin (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Breakouts/acne | <input type="checkbox"/> Uneven skin tone | <input type="checkbox"/> Blackheads/whiteheads |
| <input type="checkbox"/> Sun damage | <input type="checkbox"/> Excessive oil/shine | <input type="checkbox"/> Wrinkles/fine lines |
| <input type="checkbox"/> Rosacea | <input type="checkbox"/> Dull/dry skin | <input type="checkbox"/> Broken capillaries |
| <input type="checkbox"/> Flaky skin | <input type="checkbox"/> Redness/ruddiness | <input type="checkbox"/> Dehydrated |
| <input type="checkbox"/> Sun/liver/brown spots | <input type="checkbox"/> Other: _____ | |

8. Have you recently used any self-tanning lotions, creams, or treatments? ☐ No ☐ Yes

9. Do you have any allergies? ☐ No ☐ Yes

If yes, please specify: _____

10. Do you have any other health condition not mentioned here? ☐ No ☐ Yes

If yes, please specify _____

11. Do we have your consent to take before and after pictures and use your likeness for marketing purposes? ☐ No ☐ Yes

Emergency Contact (Name): _____ Phone: _____

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 certify that the preceding medical, personal and skin history statements are true and correct. 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 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 institution and/or the technician/esthetician/skin care professional from liability and assume full responsibility thereof.

Client Name (Printed): _____

Client or Guardian Name (Signature): _____

Progress Notes

[illegible]