

CLIENT QUESTIONNAIRE - Facial

GENERAL & MEDICAL INFORMATION

List any medications, supplements that you are currently taking:

What temperature of water do you cleanse with? _____

Do you have any specific skin care problems / allergies pertaining to your face or body?

What skin care products do you currently use?

Are you under the care of a dermatologist? If yes list prescribed medications

Have you ever had chemical peels, laser, microdermabrasion, or any skin resurfacing treatments? If yes, when was your last treatment? _____

Do you use Retin A, Retinol or Renova? _____

Do you burn easily? _____ Do you experience an oily shine during the day? _____

Do you wear SPF? _____ Do you experience breakouts? _____

Are you taking oral contraceptives? _____

What are your skin care goals? _____

If I experience any pain or discomfort during the session, I will immediately inform the Esthetician so that the products and/or technique may be adjusted to my level of comfort. I further understand that this facial is strictly an elective treatment and no medical claims are expressed or implied. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the Esthetician updated as to any changes in my medical profile during the session and understand that there shall be no liability on the Estheticians part should I fail to do so.

Client Signature

Date