



**Client Consultation Form**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ Sex: Female Male

**How were you referred to us?**

\_\_\_\_\_

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

\_\_\_\_\_

**What areas of concern do you have regarding your skin?** (Check all that apply) Breakouts/acne  
Uneven skin tone Blackheads/whiteheads Sun damage Excessive oil/shine Wrinkles/fine lines  
Rosacea Dull/dry skin Other \_\_\_\_\_

YOUR SKIN CARE :

**1) Have you ever had a facial treatment before? No Yes, when?** \_\_\_\_\_

**2) Do you wear sunscreen?** No Yes If Yes, what SPF? \_\_\_\_\_

**3) Which of the following best describes your skin type? (Please check one)**

- Type I Fair skin tones—Always burns, never tans
- Type II Light skin tones—Burns easily, tans slightly
- Type III Fair to olive skin tones—Burns moderately, tans moderately
- Type IV Light brown skin tones—Burns slightly, tans easily
- Type V Dark brown skin tones—Rarely burns, tans easily
- Type VI Dark brown to black skin tones—Never burns, tans easily

**3) Have you ever had chemical peels, laser treatments, or microdermabrasion? In the last month?**

No Yes If yes, please specify what and when last treatment was done: \_\_\_\_\_

**4) Do you use Accutane, Retin-A, Adapalene or any other Retinol/vitamin A derivative products?**

No Yes If yes, please specify what and when last used:  
\_\_\_\_\_

**5) Have you received any Botox, Juvederm, other neurotoxins or fillers in the past two weeks?**

No Yes If yes, please specify: \_\_\_\_\_

**6) Current Medication:** \_\_\_\_\_

**7) Allergies:** \_\_\_\_\_

**Client Consultation Form—Continued**

FUTURE APPOINTMENTS/CONTACT 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 institution and/or the technician/esthetician/skin care professional from liability and assume full responsibility thereof.

Client Name (Printed): \_\_\_\_\_ Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_