

Esthetician Consultation Form

Client full name: _____ Date submitted: _____

Phone number: _____ Email address: _____

Address: _____

Skin concerns and other information

What are your main skin concerns? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Dryness |
| <input type="checkbox"/> Oily skin | <input type="checkbox"/> Aging/wrinkles |
| <input type="checkbox"/> Hyperpigmentation/dark spots | <input type="checkbox"/> Sensitivity/redness |
| <input type="checkbox"/> Uneven skin tone | <input type="checkbox"/> Others: |

Have you ever been treated for skin conditions or allergies before? If yes, please detail what conditions/allergies and what treatments you took:

Are you currently under the care of a dermatologist or other medical professional for any skin conditions?

- Yes No

Do you have any allergies (e.g., latex, specific ingredients)?

- Yes No

If yes, please specify all allergies you have:

Have you ever had any adverse reactions to skincare products or treatments in the past?

- Yes No

If yes, please specify all allergies you have:

Are you currently taking any medications that may affect your skin or the products we use (e.g., Retin-A, accutane)?

Yes No

If yes, please specify all allergies you have:

Do you have a skincare routine? If so, please detail your routine below:

Do you have any specific preferences for the products used during your treatment (e.g., organic, vegan, fragrance-free)?

What type of facial treatments have you had in the past? Check all that apply.

- Cleansing facial
- Hydrating facial
- Anti-aging facial
- Chemical peel
- Microdermabrasion
- Facial massage
- Others:

Is there any specific goal or outcome you want to achieve with our esthetician sessions (e.g., relaxation, improved skin texture, reduced redness)?

Additional comments**Acknowledgement and consent**

I understand that the esthetician will analyze my skin and recommend treatments/products based on my skin concerns and health history. I consent to these recommendations and understand that results may vary.

I confirm that the information provided above is accurate to the best of my knowledge.

Signature over printed name

Date signed