

Facial Consultation Form

Client information		
Name:		
Gender:	Date of birth:	
Contact number/s:	Email address:	
Address:		
Work outdoors for job?	Yes	No
What would you like to achieve from your treatment today?		
History		
1. Have you ever had a facial treatment before?	Yes	No
If yes, what kind and when:		
2. Have you ever had a body spa treatment before?	Yes	No
If yes, what kind and when:		
3. How would you describe your skin type?		
4. Do you have any skin problems?	Yes	No
If yes, please describe:		
5. Have you had laser, chemical peel, microdermabrasion?	Yes	No
If yes, when:		
6. Do you use retinol or vitamin A products?	Yes	No
If yes, which ones and when:		

7. Have you taken acne medication? Yes No

If yes, which ones and when:

8. Have you used self-tanning products? Yes No

If yes, which ones and when:

9. Have you undergone any hair removal methods? Yes No

If yes, which ones and when:

10. Do you have any allergies? Yes No

If yes, what are they:

11. Have you undergone injection treatments? Yes No

If yes, what are they and when:

12. Are you undergoing hormone replacement therapy? Yes No

If yes, please elaborate:

Product use		
Product	Brand	
Soap		
Shampoo		
Toner		
Eye product		
Cleanser		
Day moisturizer		
Exfoliator		
Scrubs		
Shower gels		
Body lotions		
Sunscreen (specify face/body, SPF)		
Night moisturizer/cream		
Makeup products		
Other		
Concerns		
Area	Concern	
Skin		
Eyes		
Lips		
Others		
For female clients only		
1. Are you taking oral contraceptives?	Yes	No
If yes, what is the brand:		
2. Were you using other contraceptives before oral contraceptives?	Yes	No
If yes, what kind and when did you switch:		
3. Are you pregnant or trying to become pregnant?	Yes	No

4. Are you lactating?	Yes	No
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5. Problems with menopause?	Yes	No
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If yes, what are they:

For male clients only

1. What is your current method of shaving?

2. Problems like skin irritation or ingrown hairs?	Yes	No
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If yes, please elaborate:

Is there anything else you would like to elaborate further on any question or concern you may have?

I have read and understood this form completely and answered it truthfully to the best of my abilities. I understand that withholding information or providing misinformation may result in skin irritation and/or contraindications from the treatment/s I will receive. The treatments I receive here are voluntary, and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client's signature:

Date: