

# Esthetician Consultation Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## Skin concerns and other information

What are your main skin concerns? (Check all that apply)

- Acne
- Dryness
- Oily Skin
- Aging / Wrinkles
- Hyperpigmentation / Dark Spots
- Sensitivity / Redness
- Uneven Skin Tone
- Other: \_\_\_\_\_

Have you ever had any skin conditions or allergies? If yes, please specify:

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: \_\_\_\_\_

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

- Yes
- No

If yes, please specify: \_\_\_\_\_

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: \_\_\_\_\_

What is your daily skincare routine like? (Please describe products and steps)

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

Other: \_\_\_\_\_

Is there any specific goal or outcome you would like to achieve with this esthetician session? (e.g., relaxation, improved skin texture, reduced redness)

**Additional notes**

**Acknowledgement**

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.

<b>Signature over printed name</b>	<b>Date</b>