

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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any allergies (e.g., latex, specific ingredients)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify all allergies you have:	
Have you ever had any adverse reactions to skincare products or treatments in the past?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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