

# Facial Consultation Form

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

Date of Birth: \_\_\_\_\_

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

Contact Number/s: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How would you like to be contacted? \_\_\_\_\_

Civil Status: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

## Are you required to work outdoors because of work?

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 and when?

\_\_\_\_\_

2. Have you ever had a body spa treatment before (i.e. massage, body scrub, seaweed wrap)?

Yes

No

If yes, what and when?

\_\_\_\_\_

3. How would you describe your skin type? Do you always get sunburned? Do you get tan, and how tan do you get?

\_\_\_\_\_

4. Do you have any skin problems on your face or body?

Yes

No

If yes, please describe:

\_\_\_\_\_

5. Have you ever undergone a laser, chemical peel, or microdermabrasion treatment?

Yes

No

If yes, when?

\_\_\_\_\_

6. Do you use any retinol or vitamin A derivative products?

Yes

No

If yes, which ones and when was the last time you used them?

\_\_\_\_\_

7. Have you taken acne medication?

Yes

No

If yes, which one and when was the last time you took it?

\_\_\_\_\_

8. Please identify which of the following products you use and write down the brand for each.

Soap \_\_\_\_\_

Shampoo \_\_\_\_\_

Toner \_\_\_\_\_

Eye Product \_\_\_\_\_

Cleanser \_\_\_\_\_

Day Moisturizer \_\_\_\_\_

Exfoliator \_\_\_\_\_

Scrubs \_\_\_\_\_

Shower Gels \_\_\_\_\_

Body Lotions \_\_\_\_\_

Sunscreen (Please specify if it's on the face and/or body and what the SPF is)

\_\_\_\_\_

Night Moisturizer/Cream \_\_\_\_\_

Other \_\_\_\_\_

Makeup Products \_\_\_\_\_

\_\_\_\_\_

9. Have you used any self-tanning products?

Yes

No

If yes, which ones and when was the last time you used them?

\_\_\_\_\_

10. Have you undergone any hair removal methods?

Yes

No

If yes, which ones and when was the last time you underwent it?

\_\_\_\_\_

11. What areas of concern do you have regarding your:

- Skin: \_\_\_\_\_

- Eyes: \_\_\_\_\_

- Lips: \_\_\_\_\_

12. Do you have any allergies?

Yes

No

If yes, what are they? \_\_\_\_\_

13. Was your skin tanned by tanning bed or sun exposure?

Yes

No

If yes, please elaborate: \_\_\_\_\_

14. Have you undergone any injection treatments?

Yes

No

If yes, what are they, and when was the last time you underwent the treatment:

\_\_\_\_\_

15. Are you undergoing hormone replacement therapy?

Yes

No

If yes, please elaborate: \_\_\_\_\_

**For female clients only:**

1. Are you taking oral contraceptives?

Yes

No

If yes, what is the brand? \_\_\_\_\_

2. Were you taking any other contraceptives prior to oral contraceptives?

Yes

No

If yes, what were those, and when did you switch?

\_\_\_\_\_

3. Are you pregnant or trying to be pregnant?

Yes

No

4. Are you lactating? \_\_\_\_\_

5. Have you/are you experiencing any problems with menopause?

Yes

No

If yes, what are those? \_\_\_\_\_

**For male clients only:**

1. What is your current way of shaving? \_\_\_\_\_

2. Have you or are you experiencing any problems like skin irritation or ingrown hairs from shaving?

Yes

No

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.

Signature of Client: \_\_\_\_\_

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