

Skin Care Questionnaire

Please bring this completed form to your appointment. By completing this client profile, you will be helping us to correctly evaluate your skin care needs. All information will be kept in strict confidence.

Name:

Birthday:

Address:

City:

State:

Zip:

Phone: (H)

(W)

Occupation:

How did you hear of us?

Allergies (foods, flowers, drugs, etc.):

Please list all medications you take regularly (include hormones, vitamins, etc.):

Please check any health conditions which you have had or are now experiencing:

- | | | |
|--------------------------------------|----------------------------------|---|
| <input type="radio"/> Asthma | <input type="radio"/> Pacemaker | <input type="radio"/> Thyroid disease |
| <input type="radio"/> Heart problems | <input type="radio"/> Phlebitis | <input type="radio"/> Hypoglycemia |
| <input type="radio"/> Pregnancy | <input type="radio"/> Hemophilia | <input type="radio"/> High/Low blood pressure |
| <input type="radio"/> Cancer | <input type="radio"/> Epilepsy | <input type="radio"/> Hysterectomy |
| <input type="radio"/> Hepatitis | <input type="radio"/> Diabetes | <input type="radio"/> Hormonal disorders |

Do you wear contact lenses?

Have you ever undergone treatment from a dermatologist? If so, for what condition?

Have you ever undergone plastic surgery? If so, when and where on your body?

Within the last 90 days, have you taken or used the following:

- | | | |
|--------------------------------|-----------------------------------|---|
| <input type="radio"/> Retin-A | <input type="radio"/> Antibiotics | <input type="radio"/> Diuretics |
| <input type="radio"/> Accutane | <input type="radio"/> Laxatives | <input type="radio"/> Alpha Hydroxy Acids |

Have you ever experienced an allergic reaction to a skin care product? If so, what product?

What skin care do you currently use?

Do you use any specialty products (eye creams, scrubs, masks, etc.)? If so, which ones?

Describe your skin:

- Acne
- Normal
- Sensitive
- Oily
- Dry

Do you tan easily?

Do you have any current skin problems?

Have you ever received a salon care treatment? If so, was there any procedure during the treatment that you enjoyed or disliked?

Have you ever had any body or facial waxing? If so, what areas?

Have you ever had a specialty treatment (skin peel, body wrap, etc.)? If so, what treatment?

How would you rate your level of stress today?

- Low
- Moderate
- High

Please be aware that a flare-up or worsening of the condition may occur before skin starts to look better. Any infection is escaping from below the surface of the skin, now that follicles are cleared. With salon and home treatments, skin will be restored to a more healthful condition.

Signature: _____ Date: _____