



Skin Care

Client Information

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

How did you hear about us? _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Questions (Please circle)

1. Do you smoke? Yes/No

2. Are you under a dermatologist/doctor's care for skin care? Yes/No

3. Have you ever had skin cancer? Yes/No

4. Do you wear contact lenses? Yes/No

5. Are you pregnant? Yes/No

6. Are you currently taking birth control pills? Yes/No

7. Are you currently on hormone replacement? Yes/No

8. Have you ever used Accutane? Yes/No

If yes, for how long? _____

9. Do you have acne, breakouts, or blemishes? Yes/No

10. Do you have ingrown hairs? Yes/No

11. Do you have shaving irritation? Yes/No

12. Do you have allergies to cosmetics, food, or drugs? Yes/No

If yes, please specify: _____

13. Do you have any sensitivity to any scents/aromatherapy? Yes/No

If yes, please specify: _____

14. Are you currently taking any medications? Yes/No

If yes, please specify medication and type (oral/topical): _____

15. Please circle if you are currently using/have used any of the following:

-Accutane -Azelex -Differin -Renova -Retin-A Tazatac -Glycolic

-Alpha-hydroxy Acids



16. Please circle if you are affected by/have any of the following:

- Asthma -Skin Disease -Metal Implants -Cardiac Issues -Hepatitis
- Pacemaker -Lupus -Claustrophobia -Herpes/Fever -Blisters -Sinus Issues
- High Blood Pressure -Eczema -Epilepsy -Immune Disorder -Headaches

Skin Overview (Please circle)

1. How does your skin feel?

- Easily Irritated Dry Tight Delicate Comfortable Oily

2. How would you describe your reaction to sun exposure on your face?

- Rarely Burns -Sometimes Burns -Burns Easily -Always Burns
- Rarely Tans -Gradually Tans -Tans -Gradually Tans -Tans Well

I have completed this form to the best of my knowledge. I understand that the services offered are not a substitute for medical care, and any information provided by the therapist is for educational and cosmetic purposes only and not diagnostically prescriptive by nature. I understand that the information herein is to aid the therapist in safely giving better services and is completely confidential.

Signature: _____

Date: _____