Client Information Form

Name ______________________ Date ____________

Address ______________________ City ____________ State ______ Zip ______

Phone Number ______________________ E-mail Address ______________________

Birthday ____________ (MONTH) ____________ (DAY) ☐ under 21 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 60+

Tell us about your skin

What is your skin type? ☐ Oily ☐ Combination ☐ Dry ☐ Other ____________

What are your skin concerns?

☐ Firm skin: Anti-aging ☐ Smooth skin: Texture ☐ Bright skin: Hyperpigmentation ☐ Clear skin: Acne & breakouts ☐ Calm skin: Sensitivity

Have you ever experienced any of the following?

☐ Rosacea ☐ Broken capillaries ☐ Dermatitis ☐ Keloid scarring ☐ Hypopigmentation ☐ Hyperpigmentation ☐ Skin cancer

Do you consider your skin sensitive (including: redness, stinging, itching, dryness)? ☐ Yes ☐ No

If yes, where: ☐ Face ☐ Body ☐ Both

When: ☐ Always (year round) ☐ Occasionally (for instance: seasonally) ☐ Infrequently (it has occurred but not often)

When exposed to the sun do you: ☐ Always burn, never tan ☐ Always burn, sometimes tan ☐ Sometimes burn, sometimes tan ☐ Always tan

HOMECARE

What skincare products are you currently using at home?

☐ Pre-Cleanse/Makeup Remover ☐ Cleanser ☐ Toner ☐ Vitamin C ☐ Serum

☐ Exfoliant/Scrub ☐ Mask ☐ Lip/Eyecare ☐ Moisturizer ☐ SPF

What product line(s)/brand(s)? ______________________

If you wear an SPF, what is the level of protection ________ Do you sunbathe or participate in regular outdoor activities? ☐ Yes ☐ No

Have you had any direct sun exposure in the last 10 days? ☐ Yes ☐ No Do you tan or use a tanning booth? ☐ Yes ☐ No

If yes, have you tanned in the last 14 days? ☐ Yes ☐ No

Do any of your products contain any of the following?

☐ Benzoyl Peroxide (BPO) ☐ Glycolic Acid (AHA) ☐ Lactic Acid (AHA) ☐ Salicylic Acid (BHA)

☐ Retinol ☐ Rescorcinol ☐ Hydroquinone ☐ Other ____________

Are you currently using any of the following prescription products?

☐ Tretinoin (Retin A, Retin-A Micro®, Renova, Avita) ☐ Adepalene (Differin®) ☐ Azelaic Acid (Azelex®, Finaea™) ☐ Tazarotene (Tazorac®)

☐ Isotretinoin (Accutane) ☐ Triluma™ ☐ Metrogel™ ☐ Hydrocortisone ☐ Other ____________

Have you ever received a professional skincare treatment before? ☐ Yes ☐ No

If yes, what type of treatment? ______________________ When was your last treatment? ____________

What are your skincare goals? ______________________

Tell us about your wellness

Please rate your level of stress from 1-5 (5 being the highest): ____________

Please check any of the following that are applicable:

- ☐ Contact lenses
- ☐ Braces/dental fillings
- ☐ Piercing(s)
- ☐ Metal implants/pacemaker
- ☐ Cancer ____________________________
- ☐ Heart attack
- ☐ Stroke
- ☐ Irregular heartbeat
- ☐ Thyroid disorder
- ☐ High cholesterol
- ☐ Anemia
- ☐ Diabetes
- ☐ Varicose veins
- ☐ Epilepsy/seizures
- ☐ Claustrophobia
- ☐ Asthma
- ☐ Tobacco user/smoker
- ☐ High/low blood pressure
- ☐ Cold sores/Herpes Simplex
- ☐ Recent dental x-rays
- ☐ Hepatitis
- ☐ Lupus
- ☐ Other ____________________________

Have you ever had a reaction or are allergic to any of the following:

- ☐ Asprin/Salicylates
- ☐ Milk
- ☐ Apples
- ☐ Citrus
- ☐ Grapes
- ☐ Fish/Marine or Iodine
- ☐ Latex
- ☐ Ingredients in skincare/cosmetic products
- ☐ Other ____________________________

Within the last year have you been under the care of or had: ☐ Dermatologist ☐ Physician ☐ Surgery

If yes, please provide additional info (reason for visit, area of surgery) ____________________________

In the last 14 days have you had any of the following?

- ☐ Facial cosmetic surgery
- ☐ Botox injections
- ☐ Collagen injections
- ☐ Fillers
- ☐ Facial
- ☐ Light treatments
- ☐ Laser resurfacing
- ☐ Microdermabrasion

Are you currently taking any medications, nutritional supplements, etc.? ☐ Yes ☐ No

Please list ____________________________

Female clients only, please check any of the following that are applicable:

☐ On hormone replacement therapy ☐ Presently taking birth control ☐ Pregnant or nursing

I have acknowledged that all the information provided by me is true and correct to the best of my knowledge. I understand that some skin conditions may require more than one treatment and homecare products to achieve the result desired. Results cannot be guaranteed due to individual skin type(s) and condition(s). I understand I need to sign this waiver prior to every treatment provided, with ANY changes pertaining to the above information.

Client Signature ____________________________ Date ____________

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