

Contact Information

Name : _____

Home Address : _____

City : _____ State : _____ Zip : _____

Cell Phone # _____ Email : _____

Home Phone # _____ Business Phone # _____

The best way to reach me is : _____

Birthdate : _____

Prohibiting Factors

Any Known Allergies and or Sensitivities to

Topical applications (skin care products)? _____

Do you wear contact lenses? _____

Are you claustrophobic? _____

History

Have you ever undergone treatment from a dermatologist? _____

If yes, please describe. _____

Are you under the care of a Doctor? _____

If yes, then what type of treatment? _____

Any Surgery and when? _____

Dermatological Information

Please list any topical treatments you are currently using and any medications: _____

Do you have any special skin care concerns? _____

What would you like to accomplish in this appointment? _____

Skin Care Questionnaire for All Clients of FacialsGreenville.com – Page 2

If you could choose 2 things you would love to correct or improve about your skin, what would they be :

Do you smoke ? _____

Approx. how many glasses of water do you drink daily? _____

How frequently does your skin break out? _____

Are you in the habit of using tanning booths? _____

Do you spend a lot of time outdoors? _____

Do you use Sun block/ Sunscreen? _____

Please rate your level of stress today : Low Medium High

Have you ever had laser resurfacing? _____

Have you had facial plastic surgery in the last 3 months? _____

Have you ever used Retin- A/Renova/Differin? _____ If so when? _____

Have you ever used Accutane? _____ If so when ? _____

Have you ever used Glycolic/AHA home care products ? _____

If yes, please describe them? _____

Please list the other home care products you are currently using? Brand names and products _____

Do you exfoliate your skin ? _____ If so, how often and what type of product?

What type of skin do you have?

Dry Normal to Dry Normal Normal to Oily Oily .

Do you feel that your skin is sensitive? _____

Do you have a tendency to redness in your skin tone? _____

How often do you cleanse your face? _____

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Are you currently using bar soap to cleanse your face? _____

Do you cleanse your face with hot water? _____

Do you have a physically active lifestyle? _____

Have you ever used any products that caused a bad reaction? _____ If so, what were they?

Have you ever had a chemical peel or microdermabrasion? _____

Were you pleased with the results? _____

When was your last facial? _____

Was there any part of the facial service you did not enjoy? _____

Was there any part of the facial service you especially liked?

Gender-specific questions

Women:

Are you taking oral contraceptives? _____

Are you pregnant or trying to get pregnant? _____

Men

Do you have irritation from shaving? _____

Ingrown Hairs? _____

Signature and Date

POLICIES

Initial _____ Date : _____ a.) **I understand that: A 24 hour notice is required for the cancellation of an appointment and that a charge of 50% of the scheduled service will be applied to my account on file when this courtesy is not provided.**

Initial _____ Date : _____ b.) **I understand that : I should arrive 10 min before my scheduled appointment.**

Initial _____ Date : _____ c.) **I understand that : I am to notify my esthetician of any changes in my skin care routine (topical applications or prescribed medications for acne, and skin care exfoliations) as this will effect how my skin responds to waxing and facial treatments.**