

consultation card

client name _____ Date _____

client address _____

city _____ state _____ zip _____

e-mail address _____

telephone: home _____ work _____

birthday _____ how did you hear about us? _____

Within the last year have you been under a physician's care? Y N

Within the last year have you been under a dermatologists care? Y N

Within the last nine months, have you under gone any surgery? Y N

If yes please specify _____

Have you had any of these health problems in the past or present?

Cancer diabetes epilepsy heart problem hormone imbalance systemic disease

List any medications, supplements, vitamins, diuretics, slimming tablets etc. that you take regularly.

Do you have any special skin problems pertaining to your face or body? Y N

If yes please specify _____

What skin products are you currently using?

Soap cleanser toner moisturizer masque exfoliator eye products others

Do you use Accutane, Retin A, Renova or Adapalene? Y N

Do you use an acne medication? Y N

If yes which drug _____

How much plain water do you consume daily? _____

Do you ever experience these conditions on your skin? Flakiness tightness obvious dryness

What spf do you use on your face? _____

Do you sunbathe or use tanning beds? Y N

Do you burn easily in moderate sunlight? Y N

Do you blush easily when nervous? Y N

Do you experience oily shine during the day? Y N

Do you ever experience skin break outs? Y N

For women Are you pregnant? Y N Are you lactating? Y N

For men Do you experience irritation from shaving? Y N

Do you experience ingrown hairs? Y N

Client Signature _____ Date _____