



Confidential Client Questionnaire for Esthetic Services

Today's date _____ Full name _____
Address _____
Date of birth _____ Best contact number _____
Emergency contact name and number _____
Occupation _____ Referred by _____
EMAIL _____

Please circle if you are affected by any of the following:

Asthma	Hepatitis	Metal bones, pins or plates	Cancer
Cardiac problems	Herpes	Pacemaker	HIV/AIDS
High Blood Pressure	Psychological problems		Eczema
Hysterectomy	Sinus problems	Fever Blisters	Epilepsy
Skin diseases	Chronic Headaches	Lupus	Immune disorders
			Urinary or kidney problems

Please explain above problems or list any significant others:

What is the reason for your visit today? _____

Do you wear contact lenses? _____ Do you smoke? _____
Are you pregnant? _____ On hormone replacements? _____
Are you on birth control? _____ If yes, what kind? _____
Do you often experience stress? _____ Have you had skin cancer? _____

For Facial Treatments

Is this your first facial? _____ If no, when was your last? _____

What special areas of concern do you have? _____

Are you presently under a physician's care for any current skin condition or other problem? _____

Please circle if you have used or are currently used any of the following?

Differin Azelex Renova Retin-A Tazarac AHA/BHA peels

Have you ever used accutane? _____ Do you have acne? _____

Experience frequent blemishes? _____ If so, how frequently? _____

Please list any allergies: _____

Please list any medical conditions: _____

SPA POLICIES:

Professional consultation is required before initial dispensing of products

We do not give cash refunds

We require a 24 hour cancellation notice or you will be charged 50% of the value of your treatment

Any information given by the esthetician is for education purposes only and not diagnostically prescriptive in nature

We strive to meet your highest expectations, therefore if there is dissatisfaction with any of the services you have received please notify us before leaving the premises

I understand that the information given here is to aid the esthetician and is completely confidential. By signing below I agree that the above information is right to the best of my knowledge and I fully understand and agree to the above spa polices.

Signature _____ Date _____