

# SKINOVATION

## Client Consultation

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Your Skin Care

1) Have you ever had a facial treatment before? No/Yes, when? \_\_\_\_\_

2) Have you ever had chemical peels, laser or microdermabrasion? No or Yes In the last month? No or Yes

3) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? No or Yes

describe: \_\_\_\_\_

4) Have you used any of these products in the last 3 months? No or Yes

5) Have you used an acne medication? No or Yes, when? \_\_\_\_\_ Which drug? \_\_\_\_\_

6) What skin care products are you currently using?

7) What areas of concern do you have regarding your: Skin: (Please circle any that apply)

Breakouts/acne Blackheads/whiteheads Excessive oil/shine Rosacea

Broken capillaries Redness/ruddiness

Uneven skin tone, Sun damage, Wrinkles/fine lines Dull/dry skin

Other \_\_\_\_\_

8) Have you ever had an allergic reaction to any of the following? (Please circle any that apply and explain) If yes, please explain: \_\_\_\_\_

Cosmetics AHAs Medicine Fragrance Food Shellfish Latex Sunscreens Drugs Iodine

Other \_\_\_\_\_

10) Have you experienced Botox, Restylane or Collagen injections? Yes or No

Female Clients Only:

11) Are you taking oral contraceptives? No or Yes

12) Are you pregnant or trying to become pregnant? No or Yes

13) Are you undergoing any hormone replacement therapy? No or Yes

Future Appointments/Contact:

May I contact you via mail/email about future promotions and news? Yes or No

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_