

# Skin by Vicki

## Client Consultation

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

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Single: No

Yes Married: No Yes If yes, anniversary date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does your job require that you work outdoors? No Yes

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

What would you like to achieve from your treatment today? \_\_\_\_\_

### Your Skin Care

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

2) Which of the following best describes your skin type? (Please circle one type number)

- |     |                        |                                  |
|-----|------------------------|----------------------------------|
| I   | Creamy complexion      | Always burns easily, never tans  |
| II  | Light Complexion       | Always burns, tans slightly      |
| III | Light/Matte Complexion | Burns moderately, tans gradually |
| IV  | Matte Complexion       | Seldom burns, always tans well   |
| V   | Brown Complexion       | Rarely burns, deep tan           |
| VI  | Black Complexion       | Never burns, deeply pigmented    |

3) Do you have any special skin problems or concerns pertaining to your face or body? Yes No specify:  
\_\_\_\_\_

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

5) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? No Yes describe:  
\_\_\_\_\_

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

## Client Consultation—Continued

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

9) Have you recently used any self-tanning lotions, creams or treatments?    No    Yes, specify: \_\_\_\_\_ 11) Have you used any of the following hair removal methods in the past six weeks?    No    Yes, circle all that apply. Shaving    Waxing  
Electrolysis    Plucking    Tweezing    Stringing    Depilatories

12) What areas of concern do you have regarding your:

**Skin:** (Please check any that apply and explain)

Breakouts/acne	Uneven skin tone
Blackheads/whiteheads	Sun damage
Excessive oil/shine	Wrinkles/fine lines
Rosacea	Dull/dry skin
Broken capillaries	Flaky skin
Redness/ruddiness	Dehydrated
Sun spot/liver spot/brown spot	Other _____

**Eyes:** dehydrated    wrinkles    puffiness    dark circles    Other: \_\_\_\_\_

**Lips:** dehydrated    cracked/chapped lips    Other: \_\_\_\_\_

13) What SPF do you use on your face? \_\_\_\_\_ How often/when? \_\_\_\_\_

14) What SPF do you use on your body? \_\_\_\_\_ How often/when? \_\_\_\_\_

15) Have you had any recent tanning bed or sun exposure that changed the color of your skin?    No    Yes specify:  
\_\_\_\_\_

16) Have you experienced Botox, Restylane or Collagen injections?    No    Yes specify:  
\_\_\_\_\_

### Female Clients Only:

17) Are you taking oral contraceptives?    No    Yes specify:  
\_\_\_\_\_

18) Any recent changes to or from your contraceptive treatment?    No    Yes

If so, What and when? \_\_\_\_\_

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

20) Are you lactating?    No    Yes

### Male Clients Only:

21) What is your current shaving system? Wet shave    Electric

22) Do you experience irritation from shaving?    No    Yes    Ingrown hairs?    No    Yes

Please use this space to complete answers where space was insufficient. (Please include the number of the question)

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**Future Appointments/Contact:**

May I call you at your home, work or cell phone number to confirm future appointments?      No      Yes

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

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: \_\_\_\_\_

