

Client Information

Please share as much information as you are comfortable. All your answers are handled with respect and are confidential.

Name: _____ Date: _____

Address: _____ Birthdate: _____

Phone: () _____ Email: _____

Would you like to be added to an email list to occasionally receive news and discounts? Yes / No

What are your main concerns today?

What are you hoping to accomplish from today's session?

Are you currently under the care of a medical professional? Yes / No

Please be aware that I am not a medical professional. I cannot diagnose or treat any medical conditions.

Please list any medications you are taking either orally or topically:

Some medications can cause skin sensitivity and may react with products.

Please list any allergies to products, medications, plants or foods:

How did you hear about me?

I happily and with deep gratitude offer a referral discount. Please inquire if you are interested or if a friend referred you.

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For waxing or facial appointments, please also answer the following:

Have you ever used Accutane, Retin-A, Renova, Differin, Tazorac or similar medications? Yes /

No

Last date used: _____

Do you use topical medications or products containing exfoliating acids? Yes / No

(Including Retinol, Glycolic, Lactic, Salicylic acids)

Last date

used: _____

Do you use sunscreen/sunblock? Yes / No

What is the SPF? _____

Do you develop cold sores/fever blisters? Yes / No

Do you burn easily in sunlight? Yes / No

Do you blush easily when nervous? Yes / No

Do you have a tendency to redness? Yes / No

Do you suffer from sinus problems? Yes / No

Are you menstruating? Yes / No

Are you pregnant or breastfeeding? Yes / No

(Skin is more sensitive during this time)

For facial appointments, please also answer the following:

Do you consider your skin: (circle one)

Oily Combination "Normal" Dry

What products do you use on your skin now?

Cleanser: _____ Exfoliant: _____

Masks/Serums: _____ Moisturizer: _____

What is your typical stress level? (circle one)

Zen bliss Generally calm Typical ups & downs I pulled all my hair out long ago!

How would you rate your diet? (circle one)

I put my dietician to shame We all "fudge" once in a while Diet? Where's the nearest drive-thru?!

How much water do you consume daily? _____

Have you ever had:

Facial Waxing Body Wrap Peels/Microderm Laser Treatments Botox/Fillers

Have you had any cosmetic procedures? Yes / No

If yes, what and when?

Are you: (circle one)

Post-Menopausal Menopausal Pre-Menopausal What's Menopause?

Please share what makes you most proud of yourself (not your kids, not your partner...YOU!):

When you book an appointment with me, I set aside special time just for you and make sure there is a comfortable, nurturing space available. In respect of time and energy for each of us, I require at least 24 hours notice for cancellations. Failure to provide adequate notice will result in a \$25 fee. No shows are charged at full treatment price.

By signing below, you certify that all of the above information is accurate. You are responsible for updating any changes as they may occur.

Signature

Date