Esthetician Consultation Form

CLIENT INFORMATION

Full name: _____ **Date submitted:** _____ dd / mm / yyyy

Phone #: _____ **Email address:** _____

Address:

SKIN CONCERNS AND OTHER INFORMATION

What are your main skin concerns? Please check all that apply:

- [ ] Acne
- [ ] Dryness
- [ ] Oily skin
- [ ] Aging/wrinkles
- [ ] Hyperpigmentation/dark spots
- [ ] Sensitivity/redness
- [ ] Uneven skin tone
- [ ] Other

Have you ever been treated for skin conditions or allergies before? If yes, please detail what conditions/allergies and what treatments you took:

Are you currently under the care of a dermatologist or other medical professional for any skin conditions?

◯ Yes ◯ No

Do you have any allergies?

◯ Yes ◯ No

If yes, please specify all allergies you have:

Have you ever had any adverse reactions to skincare products or treatments in the past?

◯ Yes ◯ No

If yes, please specify all allergies you have:

Are you currently taking any medications that may affect your skin or the products we use?

◯ Yes ◯ No

If yes, please specify all allergies you have:

Do you have a skincare routine? If so, please detail your routine below:

Do you have any specific preferences for the products used during your treatment?

What type of facial treatments have you had in the past? Check all that apply:

- [ ] Cleansing facial
- [ ] Hydrating facial
- [ ] Anti-aging facial
- [ ] Chemical peel
- [ ] Microdermabrasion
- [ ] Facial massage
- [ ] Other

Is there any specific goal or outcome you want to achieve with our esthetician sessions (e.g., relaxation, improved skin texture, reduced redness)?

ADDITIONAL COMMENTS

Specify below:

ACKNOWLEDGEMENT AND CONSENT

I understand that the esthetician will analyze my skin and recommend treatments/products based on my skin concerns and health history. I consent to these recommendations and understand that results may vary.

I confirm that the information provided above is accurate to the best of my knowledge.

Printed name: _____

Signature:

Date signed: _____ dd / mm / yyyy