

New Client Questionnaire – Facial

Name _____ Date _____
Address _____ City _____
State _____ Zip Code _____ Phone _____
Email _____

Have you had a facial before? Yes _____ No _____

What are your specific skin care concerns?

Dry/Flaky _____ Age/Sun spots _____ Fine Lines _____ Excess oil _____ Redness/Sensitivity _____ Blackheads _____
Breakouts _____ None _____ Other _____

What brings you in for a facial? (Please check all that apply)

Relaxation _____ Specific Skin Concern _____ Education on Skin _____ Product Recommendations _____ Other _____

Any additional information regarding your visit today, please explain: _____

What skin care products are you currently using at home?

Cleanser _____ Toner _____ Exfoliant/Scrub _____ Serum _____ Day Moisturizer _____ Night Moisturizer _____
Eye Cream _____ Brand(s): _____

Are you pregnant, lactating or plan on becoming pregnant soon? No _____ Yes _____

List all known allergies (food, products, ingredients, medication, etc.) _____

Have you ever had a reaction to skin care products or ingredients? No _____ Yes _____

Please explain _____

Are you using any medically prescribed exfoliants? (Retin-A, Diferen, Renova etc.) No _____ Yes _____ How Often _____

Are you under the care of a doctor for an autoimmune disorder? No _____ Yes _____

Are you currently taking any medication that could interfere with a facial treatment? No _____ Yes _____

Explain _____

How did you hear about us? _____

I understand that redness, sensitivity, peeling or other reactions may occur from facial treatments. If I experience any discomfort during the session, I will immediately inform the esthetician so that the products and/or technique may be adjusted to my level of comfort. I further understand that estheticians are not qualified to diagnose, prescribe or treat any disease or illness and that a facial should not be a replacement for medical treatment. The treatments I receive here are voluntary and by signing below I release Spa Sweet LLC and/or skin care professional from liability and assume full responsibility thereof.

24- hour notice is required for any canceled or rescheduled appointment or 50% of service price will be charged. Failure to show without notice will require in full payment of service booked. By signing I acknowledge I have read and understand the terms of the cancellation policy.

Client Signature _____ Date _____