

## New Client Questionnaire – Facial

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

**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 \_\_\_\_\_

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** \_\_\_\_\_

Parents must sign for any participating minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_