

Client Consultation

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Occupation: _____

Does your job require that you work outdoors? Yes _____ No _____

How did you hear about us? _____

Were you referred by anyone? Yes _____ No _____ If yes, who? _____

What would you like to achieve from your treatment today? _____

Any known allergies (Latex, medicine, shellfish, cosmetics?): _____

Your Skin Care

1. Have you ever had a facial treatment before today? Yes _____ No _____ If yes, when? _____
2. Which of the following best describes your complexion? (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
4. Have you ever had chemical peels, laser, or microdermabrasion? Yes/No
 In the last month? Yes/No
5. Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/Vitamin A derivative products?
 Yes/No
 - a. Describe: _____
 - b. Have you used any of these products in the last 3 months? Yes/No
6. Have you used and acne medication? Yes/No If yes, when? _____ Which drug? _____
7. What skincare products are you currently using? _____

8. Have you recently used any self-tanning lotions, creams, or treatments? Yes/No Specify _____

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: _____

No Show Policy _____ Initials 24-hour notice required or you may be charged

No refunds _____ Initials (We take pride in, stand by, and guarantee our work at Flawless Skin Lounge, if you are unsatisfied with a service we would like you to consult and communicate with your service provider and together come up with a solution.)

Photo Release _____ Initials – My photos can be used in marketing on Social Media or our Website (If you do not want your photos to be used for marketing, do not initial above.)

Skin Lesion Removal _____ Initials

Chemical Peels _____ Initials

Microdermabrasion _____ Initials

Dermaplaning _____ Initials

Microdermabrasion or Dermapeel Combo _____ Initials

Collagen Induction Therapy _____ Initials

IPL/Photo Facial _____ Initials

Eyelash Perming/Tinting/Extensions _____ Initials

Microblading _____ Initials

Face and Neck Tightening _____ Initials

Fat Freezing/Cool Slimming _____ Initials

Laser Hair Removal _____ Initials

Injection (Dysport/Restylane/B-12) _____ Initials

Airbrush tanning _____ Initials

Microneedling _____ Initials

Waxing _____ Initials

Client Signature: _____ Date: _____

Aesthetician Signature: _____ Date: _____