

CONSULTATION CARD

Client Name _____
Last First

Telephone: Home _____ Cell _____

Your Health

1. Within the last year, have you been under a dermatologist's or other physician's care? Yes No
If yes, please specify _____
2. Have you had any health problems in the past or present? Yes NO
If yes, please specify _____
3. List any medications, supplements, vitamins, diuretics, slimming pills, Isotretinoin, etc. That you take regularly _____
4. Do you smoke? Yes No
5. Do you exercise regularly? Yes No
6. Do you follow a restricted diet? Yes No
7. Do you wear contact lenses? Yes No
8. Do you have metal implants, a pacemaker or body piercings? Yes No
9. Rate your level of stress on a scale of 1 to 5 (1= Low stress, 5 = High stress) _____
10. Do you have any allergies? Yes No
If yes, please specify _____
11. Do you sunbathe or use tanning beds? Yes No
12. Do you drink more than 4 caffeinated beverages daily (coffee, tea, soft drinks)? Yes No
13. Have you ever experienced claustrophobia? Yes No

Your Skin

14. What are your specific concerns/challenges with your skin? _____
15. What skin care products are you currently using?
Face: Soap Cleanser Toner Moisturizer Masque Exfoliator Eye Products
Body: Soap Shower Gel Scrubs Oil Body Moisturizer Depilatory Products Self Tanners
16. Have you ever had chemical peels, Microdermabrasion, or any resurfacing treatments? Yes No
In the last month? Yes No
17. Do you use Retin-A, Renova, Adapalene or any other prescription skin products? Yes No
In the last 3 months? Yes No
18. Are you currently using any products that contain the following ingredients?
 Glycolic Acid Lactic Acid Any exfoliating Scrubs Any Hydroxy Acid Product vitamin a derivatives (i.e., Retinol)
19. Do you ever experience these conditions on your skin? Flakiness Tightness Obvious Dryness
20. What SPF sunscreen do you use on your face? _____ Body? _____
21. Do you burn easily in moderate sunlight? Yes No
22. Do you have a tendency to redness? Yes No
23. Do you suffer from sinus problems? Yes No
24. Do you ever experience burning, itching or stinging sensations on your skin? Yes No

Female Clients Only

25. Are you currently taking contraception? Yes No
26. Are you pregnant or trying to become pregnant? Yes No
27. Are you lactating? Yes No
28. Are you currently having or due for your menstrual period? Yes No

CONSULTATION CARD

Male Clients Only

29. Do you have any shaving challenges?

() Yes () No

Questions To discuss Every Visit

30. Have you started any new medication since your last visit?

() Yes () No

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

Client Signature _____ Date _____ Client Signature _____ Date _____

This consultation card is used to evaluate your individual skin care needs. We will maintain the confidentiality of this information, and will disclose this information only: (1) to our staff members, (2) to quality assurance and quality control personnel, (3) to our product supplier and manufacturer. We will not provide this information to anyone else, except as required by law, and we will not sell this information to anyone. We may, however, contact you with product-related information.