SKIN CARE CLIENT QUESTIONNAIRE							
Today's Date							
Name	Birthday/						
Address	City State Zip						
Phone ()	ne () Best way to remind you of your appt: CALL / TEXT / EMAIL						
Email							
How did you hear about us? AD / INT / REF NAME							
What is your occupation?							
For Professional Hosp							
For Professional Use:							
Do you have any children? YES / NO. If yes, how many? Age range?							
Have you ever had a facial? YES / NO Do you currently get regular facials? YES / NO How often?  Do you have any current medical conditions? YES / NO Please list:							
Are you taking any medication? YES / NO Please list:							
Topical medication? YES / NO Please list:							
Have you had any cosmetic surgery? YES / NO Please list:							
Do you smoke? YES / NO How much per day?							
Do you shower in the morning or evening?							
Do you change your clothes when you come home fro	m work?						
Skin care routine. List brands and frequency.							
• •	Scrub: Fine / Coarse						
	Sun Block						
Serums Masks	Other						
What are your goals for your skin?							
Repeat the goals back and ask for clarification so you understand what they mean.  "Did I get that correct?" "Is there anything I missed?"  "Please note, a facial may cause the skin to purge resulting in a break out. THIS IS NORMAL and does not mean you are having a reaction to the products. Do you have any questions about this?"  Have them sign below.							
Client Acknowledgement:							
Client print name	Technician print name						
Client signature	Technician signature						
"What I'd like to do now is go into the treatment room, analyze your skin and do your first treatment.							
When we are done, we are going to sit back down, and based on your goals, I will be making home							
When we are done, we are going to sit back dow							
When we are done, we are going to sit back dow care and treatment recommendations" (PAUSE!)	n, and based on your goals, I will be making home						

15

For Professional Use	):							
Skin Analysis:	DRY	COMBO	OILY	ANTI-AGING	ACNE	REACTIVE		
Dehydration:	MILD	MODERATE		SEVERE				
Thickness:	THIN	MEDIUM		THICK				
Do you get oily during the day? YES / NO Do you keloid? YES / NO								
Do you react to products? YES / NO List:								
Do you have any allergies? YES / NO If yes, please list:								
Line Chosen and Re	esults							
When you have applied the final mask, get the client cozy and leave them to relax. Gather products you are going to recommend, a glass of water and fill out RX form with what they are currently using and what you want them to take home.  After the facial see if they need to use the restroom. Sit down where you started.								
"How does your skin feel?" "Do you have any questions about your treatment?"								
	." (Go over end you com	it BRIEFLY, le in every _	not too m	eurrently using and any details.) Base	d on your s	kin and goals,		
If they purchase the of one hand to sho product to show t	ow the corre	ct use. If se	elling Hydr	ate or Power Scru	ıb, bring yo	e them do the back ur professional		
Do not inhibit wha comfortable and p partnership as op	present thing	s with their	goals in n	nind, you will arriv		he world. If you are mon goal in a		
If they purchase of Treatment and Prosoftware, be sure system. Also put	oduct Purcha to check you	ase sheets a ur client in a	ind make ind out an	notes on those sh d sell them produc	eets. If trac	cking through		
Date Service	ce		Notes			Rebook Date		