New Client Questionnaire: Facial

Name: ______________________ Date: __________

Address: ______________________ City: __________

State: ______ Zip: ________ Email: ______________________

Phone: ______________ Referred by: ______________________

Have you ever had a facial? YES NO

Please list your specific skin concern(s):

Dry/ Flaky _____ Age/Sun Spots _____ Redness/ Sensitivity _____ Blackheads _____ Breakouts _____ None _____

Fine Lines _____ Excess Oil _____ Other: ______________________

Which skin care product(s) are you currently using?

Cleanser _____ Toner _____ Exfoliant/ Scrub _____ Serum _____ Moisturizer Day Night Eye Cream _____

Brand(s): ______________________

Are you currently taking any medication(s) that could interfere with a facial treatment? YES NO

Please explain, if any: ______________________

Have you ever had a reaction to any skin care product(s) or ingredient(s)? YES NO

Please explain, if any: ______________________

Are you using any prescribed exfoliants (eg: Retin-A, Diferen, Renova, etc…)**?** YES NO

Please explain, if any: ______________________

Please list any and all known allergies (food, products, ingredients, medication, etc…)**:**

____

Are you currently pregnant, lactating, or do plan to become pregnant in the near future: YES NO

How many ounces of water do you drink daily? (1 glass = 8 oz.) ________

Do you take supplements or vitamins? YES NO

On average, how many hours of sleep do you get each night? ______________

On a scale of 1-10, how would you rate your current stress level? ______________

I understand that redness, sensitivity, peeling, or other reactions may occur as the result of facial treatments. If I experience any pain or discomfort during my session, I will immediately inform the aesthetician so that the products and/or techniques used may be adjusted to my level of comfort. Furthermore, I understand that aestheticians are not qualified to diagnose, adjust, prescribe, or treat any disease or illness; and, that a facial should not be used as a replacement for medical treatment. The treatment(s) I receive is/are voluntary and I release DNK Skin and/or aesthetician from liability and assume full responsibility thereof.

______________________ __________

Client Signature Date