

Confidential Skin Care Profile



SPA in the WOODS

Date _____

Name _____

Address _____

Phone number _____ Email _____

Birthday _____ Referred by _____

Dermatologist name and phone # _____ Esthetician _____

Age range (circle one): under 25 • 26-30 • 31-40 • 41-50 • 51-60 • 61-up

What are 3 things you would change about your skin (in order of importance)?

① _____ ② _____ ③ _____

What are your expectations for today's service? _____

Have you had a facial in the: last 3 months 1 year (or more) this is my first *(please circle)*

Would you like extractions to be performed if necessary? Yes / No what are extractions?

What skin care products do you use? Please list _____

Please list allergies or sensitivities _____

How would you describe your skin: oily • normal • dry • combination or sensitive? *(please circle)*

What time of day do you notice your face get shiny: morning • noon • afternoon • rarely, if ever

Are you now using any prescribed topical product? Yes / No • Have you in the last year? Yes / No

Are you wearing contact lenses now? Yes / No

Are you claustrophobic? Yes / No

Are you tanning? Yes / No *(if yes, how often)* _____

Do you wear sunscreen? Yes / No *(if yes, what SPF)* _____

Do you have a tendency toward redness? Yes / No

Is there a chance you may be pregnant? Yes / No

Do you experience: Headaches, TMJ or sinus problems? Yes / No *(Circle any or all that apply)*

Do you retain water? Yes / No

Are you under Doctors' care? Yes / No *(if yes, please list)* _____

Do you take any prescribed medications? Please list _____

Have you had any surgery in the last 3 months - 1 year? Explain _____

How many glasses of water do you drink a day? _____

Do you smoke? Yes / No How much per day? _____

Do you drink caffeinated beverages? Yes / No How much? _____

Are you interested in information regarding professional peels? Yes / No

Do you have or have you had any health issues or is there any additional information your Esthetician should be aware of?

Explain _____
