



## CONFIDENTIAL CLIENT CONSULTATION FORM

### Client Details

Name:  
Date:  
Address:  
Contact Number:  
Email:  
Age:  
How did you find me?:  
Occupation:

### Nutritional Information

Daily Servings of Fresh Fruits and Vegetables:  
Food Allergies:  
Fluid intake:  
(specifically water, coffee, tea, alcoholic beverages)

### Sun Exposure & Genetic History

Do you “tan” or “burn” from overexposure to UVA/B?  
Are there any Redheads in your family?:

### Ethnicity:

(European, Asia, Hispanic, African American, Combo)

### Cosmetic & Clinical History

Current feeling about skin:  
  
What do you want to get out of this treatment?  
  
Have you had a chemical peel, Botox, Restalyne (any other injectable) or laser treatment in the last 14 days?

### General Health & Medical

Do you wear contact lenses?  
Do you smoke?:  
Are you pregnant or lactating?  
Please name any health condition which you have had or are now experiencing (diabetes, cancer, asthma, etc.)  
  
Surgeries?  
Allergies?  
Sensitivities to essential oils, or other known irritants?  
Are you under Dr. care for a chronic illness?  
Do you bruise easily?  
List any topical or oral medications (especially doctor prescribed) you are using: (including but not limited to Retin A, Accutane, antibiotic, anti-depressant, birth control, HRT, etc.)  
  
Did you wax your face in the past week?

### Current Skin Care Regime

Describe how you take care of your skin and try to list the products that you use:  
Cleanser?  
Toner?  
Serum?  
Exfoliant/Scrub? Frequency?  
Sunscreen?  
BB Cream?  
Moisturizer?  
Other?

**Declaration:** The information I have given above is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_