

**Just For You**  
**Salon and Day Spa LLC**  
**SKIN CARE**  
**Consultation Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Birthday \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**Your Health**

Within the last year, have you had any health problems that have or could affect your skin? \_\_\_\_\_

List any medications ,vitamins ,oral contraceptives, diuretics ,Isotretinoin etc. that you take regularly. \_\_\_\_\_

Do you wear contacts? Yes[ ] No[ ]

Do you have metal implants ,body piercing or pacemaker Yes[ ] No[ ]

Do you have allergies? Specify \_\_\_\_\_

Do you have sinus problems Yes[ ] No[ ]

**Home Skin Care Regimen**

Describe (using brand product names) how you are presently caring for your skin.

Cleanser \_\_\_\_\_ Am [ ] Pm [ ]

Toner \_\_\_\_\_ Am [ ] Pm [ ]

Moisturizer \_\_\_\_\_ Am [ ] Pm [ ]

Serum \_\_\_\_\_ Am [ ] Pm [ ]

Eye creams \_\_\_\_\_ Am [ ] Pm [ ]

Masques \_\_\_\_\_ Am [ ] Pm [ ]

SPF Sunscreen \_\_\_\_\_ Am [ ]

Exfoliant \_\_\_\_\_ How many times a week \_\_\_\_\_

Make-Up \_\_\_\_\_

Other \_\_\_\_\_

**Your Skin**

What is your specific concerns about your skin? \_\_\_\_\_

Have you had Chemical peels [ ] Microdermabrasion [ ] Micro Current [ ]

Led Light Therapy [ ] IPL/Photoerjuvenation [ ]

Dermaplaning [ ] Microneedling [ ] Botox/Dysport [ ] Dermal fillers:Restylane/Juvaderm/Scuptra [ ]

Laser Treatments [ ] Other [ ]

Have you been waxed in the last 72 hours \_\_\_\_\_

Have you used Retin-A, Renova, Adapalene or any other prescription skin care products within the last 3 months. \_\_\_\_\_

Are you currently using any products that contain the following ingredients?

Glycolic Acid [ ] Lactic Acid [ ] exfoliating scrubs [ ] Hydroxy Acid [ ] Retin -A [ ]

Please specify if any of the following apply to you

Pregnant [ ]trying to become pregnant [ ]lactating [ ]menstruating pre menstruating [ ]

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

\_\_\_\_\_

Signature

date