



## Client Skin Care Profile

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I would like to receive offers and updates via email.  Yes  No, thanks

Skin Type:  Normal  Oily  Dry  T-Zone

Botox Injections  Yes  No

Cold Sores  Yes  No

Facial Filler  Yes  No

Use Retinol  Yes  No

Currently Pregnant  Yes  No

Accutane  Yes  No

Cancer  Yes  No

HIV  Yes  No

Are you allergic to any of the following?

Milk  Apples  Citrus Fruits  Grapes  Aloe Vera  Latex  Aspirin  None

Other: \_\_\_\_\_

Have you ever had an allergic reaction to any skin care product?  Yes (explain below)  No

\_\_\_\_\_

Please state your main skin concerns: \_\_\_\_\_

\_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Have you had any neck, shoulder, or facial injuries or surgeries?  Yes (explain below)  No

\_\_\_\_\_

Current skin care products used (please state brand):

Cleanser: \_\_\_\_\_ AM Moisturizer: \_\_\_\_\_

Eye Moisturizer: \_\_\_\_\_ PM Moisturizer: \_\_\_\_\_

Toner: \_\_\_\_\_ Sunscreen: \_\_\_\_\_

Other: \_\_\_\_\_