****

**Client Consent Form**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Single: No Yes Married: No Yes, if yes, anniversary date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does your job require that you work outdoors? No Yes

Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Skin Care**

1. Have you ever had a facial treatment before? No Yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Which of the following best describes your skin type? (please circle one number)

I Creamy complexion Always burns easily, never tans

II Light complexion Always burns, tans slightly

III Light/Matte complexion Burns moderately, tans gradually

IV Matte complexion Seldom burns, always tans well

V Brown complexion Rarely burns, deep tan

VI Black complexion Never burns, deeply pigmented

1. Do you have any specific skin problems or concerns pertaining to your face or body? No Yes Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever had chemical peels, laser, dermaplane, micro-needling or microdermabrasion? No Yes In the last month? No Yes
3. Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? No Yes Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you used any of these products in the last 3 months? No Yes
5. Have you used an acne medication? No Yes when?\_\_\_\_\_\_\_\_\_\_\_ Which drug?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What skin care products are you currently using? (List brand where known)

Cleanser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ShowerGels\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Body Lotions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Masque\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sunscreen/SPF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Crème\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Night Moisturizer/Crème\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Moisturizer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Serum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exfoliator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Makeup Products\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you recently used any self-tanning lotions, creams, or treatments? No Yes specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you used any of the following hair removal methods in the past 6 weeks? No Yes circle all that apply: Waxing Electrolysis Plucking Tweezing Threading Depilatories
3. What areas of concern do you have regarding your:

**Skin:** (Please check any that apply and explain)

Breakouts/Acne Uneven skin tone Blackheads/Whiteheads

Sun Damage Excessive oil/Shine Wrinkles/Fine lines

Rosacea Dull/Dry skin Broken Capillaries

Flaky Skin Redness/Ruddiness Dehydrated skin

Sun spot/ Liver spot/ Brown spot Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eyes:**

Dehydrated Wrinkles Puffiness

Dark Circles Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lips:**

Dehydrated Cracked/Chapped lips Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain)

Cosmetics AHAs Medicine Fragrance

Food Shellfish Animals Latex

Sunscreens Drugs Iodine Pollen

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

If yes to any, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What SPF do you use on your face? \_\_\_\_\_\_\_ How often/when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What SPF do you use on your body?\_\_\_\_\_\_\_ How often/when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you had any recent tanning bed or sun exposure that changed the color of your skin? No Yes
4. Have you experienced Botox, Restylane or Collagen injections? No Yes

**Female Clients Only:**

1. Are you taking oral contraceptives? No Yes specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Any recent changes to or from your contraceptive treatment? No Yes If so, what and when:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you pregnant or trying to become pregnant? No Yes
4. Are you lactating? No Yes
5. Any menopause problems? No Yes specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Are you undergoing any hormone replacement therapy? No Yes specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Male Clients Only:**

1. What is your current shaving system? Wet shave Electric
2. Do you experience irritation from shaving? No Yes Ingrown hairs? No Yes

**Future Appointments/Contact:**

1. May I call/text you at your home, work, or cell phone number to confirm future appointments? No Yes
2. May I contact you via mail/e-mail about future promotions and news? No Yes

I understand, have read and completed this questionnaire truthfully. I agree this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_