Helena Jones
PRIVATE STUDIO
Were your skin is personal

864-531-9964
www.helenajonesprivatestudio.com
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Client Consultation

Date: _____

Name: _____Date of Birth:_____

Address: _____

Home Phone: _____Business Phone: _____

Cell Phone:_____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:_____

What would you like to achieve from your treatment today? _____

_____

Your Skin Care

1) Have you ever had a facial treatment before? ❍ No ❍ Yes, when? _____

2) Have you ever had a body spa treatment before? ❍ No ❍ Yes, when?_____

Massage: ❍ No ❍ Yes

Salt glow: ❍ No ❍ Yes

Seaweed wrap: ❍ No ❍ Yes

Moor mud: ❍No ❍ Yes

Body scrub: ❍No ❍ Yes

Other: _____

3) Which of the following best describes your skin type? (Please circle one type 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

4) Do you have any special skin problems or concerns pertaining to your face or body? ❍ Yes ❍ No

specify: _____

_____

5) Have you ever had chemical peels, laser or microdermabrasion? ❍ No ❍ Yes

In the last month? ❍ No ❍ Yes

6) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products?

❍No ❍ Yes

describe: _____

_____

7) Have you used any of these products in the last 3 months? ❍ No ❍ Yes

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8) Have you used an acne medication? ❍ No ❍ Yes, when? _____ Which drug? _____

9) What skin care products are you currently using? (List brand where known)

Soap _____
Toner _____
Eye Product _____
Cleanser _____
Day Moisturizer _____
Exfoliator _____
Scrubs _____

Shower Gels _____
Body Lotions _____
Sunscreen _____
SPF _____
Night Moisturizer/Cream _____
Other _____
Makeup Products _____
_____

10) Have you recently used any self-tanning lotions, creams or treatments? ❍ No ❍ Yes, specify: _____
_____

11) Have you used any of the following hair removal methods in the past six weeks? ❍ No ❍ Yes, circle all that apply.

Shaving ❑ Waxing ❑ Electrolysis ❑ Plucking ❑ Tweezing ❑ Stringing ❑ Depilatories ❑

12) 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	❑
Sun spot/liver spot/brown spot	❑	Other _____	

Eyes:

dehydrated ❑ wrinkles ❑ puffiness ❑ dark circles ❑ Other: _____

Lips:

dehydrated cracked/chapped lips Other: _____

13) 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	❑	Other _____	
Pollen	❑		

If yes, please explain: _____
_____

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14) What SPF do you use on your face? _____ How often/when? _____
15) What SPF do you use on your body? _____ How often/when? _____
16) Have you had any recent tanning bed or sun exposure that changed the color of your skin? ❍ No ❍Yes, specify: _____
17) Have you experienced Botox, Restylane or Collagen injections? ❍ No ❍ Yes
specify: _____
Female Clients Only:
18) Are you taking oral contraceptives? ❍ No ❍ Yes
specify: _____
19) Any recent changes to or from your contraceptive treatment? ❍ No ❍ Yes
If so, what and when: _____
20) Are you pregnant or trying to become pregnant? ❍ No ❍ Yes
21) Are you lactating? ❍ No ❍ Yes
22) Any menopause problems? ❍ No ❍ Yes
specify: _____
23) Are you undergoing any hormone replacement therapy? ❍ No ❍ Yes
specify: _____

Male Clients Only:

24) What is your current shaving system? Wet shave ❑ Electric ❑
25) Do you experience irritation from shaving? ❍ No ❍ Yes Ingrown hairs? ❍ No ❍ Yes
Please use this space to complete answers where space was insufficient. (Please include the number of the question)_____
_____
_____
_____

Future Appointments/Contact:

May I call you at your home, work or cell phone number to confirm future appointments? ❍ No ❍ Yes
May I contact you via mail/email about future promotions and news? ❍ No ❍ Yes

I understand, have read and completed this questionnaire truthfully. I agree that 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 I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____
Date:_____