Personal Reflection Day Spa

Facial Therapy

Name _____ Phone _____

Address _____

City/ State/ Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ PhoneNo. _____

How did you hear of us? _____

Skin Health Survey

1. Is this your first facial? ( ) Yes ( ) No
2. What is the reason for your visit today?
   _____
   _____
3. What special areas of concern do you have?
   _____
   _____
4. Are you presently under a physician's care for any skin condition or other problem? ( ) Yes ( ) No
   If yes, please explain _____
   _____
5. Are you pregnant? ( ) Yes ( ) No
6. Are you taking birth control pills or hormone replacement? ( ) Yes ( ) No
   If so, what type? _____
7. Do you wear contact lenses? ( ) Yes ( ) No
8. Do you smoke? ( ) Yes ( ) No
9. Have you had skin cancer? ( ) Yes ( ) No
10. Are you now using or have you ever used:
    ( ) Differin ( ) Azelex ( ) Differin ( ) Renova
    ( ) Retin-A ( ) Tazarac ( ) Accutane
    ( ) Glycolic or alphahydroxy acids
    If so, when and how long? _____
11. Do you have acne? ( ) Yes ( ) No
12. Do you have frequent blemishes? ( ) Yes ( ) No
    If so, how frequently? _____
13. Do you have any allergies to cosmetics, foods, or drugs? ( ) Yes ( ) No
    If so, please list _____
14. Are you presently taking medications – oral or topical? ( ) Yes ( ) No
    If so, please list _____
15. What products do you use presently?
    ( ) Soap ( ) Cleansing milk ( ) Toner ( ) Mask
    ( ) Scrub ( ) Creams ( ) Sunscreen ( ) Other
    Please list _____

Please check if you are affected by or have any of the following:

( ) Asthma
( ) Cardiac problems
( ) Eczema
( ) Epilepsy
( ) Fever blisters
( ) Migraines
( ) Hepatitis
( ) Herpes
( ) High Blood Pressure
( ) Hysterectomy
( ) Immune disorders
( ) Lupus
( ) Metal bone, pine, or plates
( ) Pacemaker
( ) Psychological problems
( ) Sinus problems
( ) Skin diseases
( ) Urinary or kidney problems

Please explain above problems or list any significant others: _____

I, _____ (print name) understand that the services offered are not a substitute for medical care, and any information provided by the esthetician is for educational purpose only and not diagnostically prescriptive in nature. I agree to keep the esthetician updated as to any changes in my skin. I understand that the information given is to aid the esthetician in giving better service and is completely confidential. I affirm that I have stated all my known medical conditions and answered all questions honestly.

Signature of Client _____ Date _____