



New Client Consultation Form

Date *



Month Day Year

Name *

First Name Last Name

Date of Birth *

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Phone Number *

Area Code Phone Number

E-mail *

example@example.com

How did you hear about me? *

Website / Online Search

Yelp

Facebook

Referral

Other

If Referral, please list name

If Other, please let me know

Your Skin

What are your skin care goals? *

What are your skin care challenges? *

Wrinkles / Fine Lines

Hyperpigmentation / Sun Damage

Acne / Acne Scarring

Redness / Rosacea

Aging

Melasma

Sensitivity

Other

Please feel free to go into more detail

Have you ever had a facial or skin treatment before? *

Yes

No

If Yes, when?

What Skin Care Products do you currently use? *

Cleanser / Face Wash

Bar Soap

Face Scrub / Exfoliants

Toner

Serums

Moisturizer

Sunscreen

Eye Product(s)

Lip Product(s)

*If you are seeking corrective treatments please detail the SPECIFIC products (**BRAND & PRODUCT TYPE/NAME**) you are currently using so I can best answer any questions on ingredients and help you meet your skin care goals.*

Cleanser / Face Wash

Bar Soap

Face Scrub / Exfoliants

Toner

Serums

Moisturizer(s)

Sunscreen

Eye Product(s)

Lip Product(s)

Do you/have you used Retin-A, Renova, Adapalene, Accutane, Differen, Glycolic Acid, Lactic Acid, Mandelic Acid, Retinol, or other Vitamin A derivatives? *

Yes, currently using

Yes, but not within the last 30 days

Yes, but not within the last 6 months

No

Not sure

Please specify which product or type, if you answered 'Yes, currently using' to above.

Have you received any of these hair removal services in the last 30 days? *

Waxing

Sugaring

Threading

Electrolysis / Laser

Depilatory Cream

Shaving

None

If checked, please note last time.

Have you ever received chemical peels, laser services, or microdermabrasion treatments? *

Yes, within the last month

Yes, within the last 2-3 months

No

Have you received any Botox, Juvederm, or other dermal fillers in the last two weeks? *

Yes

No

Your Health

Have you experienced any of these health conditions in the past or present? *

Hormone Imbalance

Cancer / Systemic Disease

High Blood Pressure

Diabetes

Heart problem

Arthritis

Auto-Immune Disorders

Asthma

Epilepsy / Seizure Disorder

Fever Blisters

Herpes

Frequent Cold Sores

HIV/AIDS

Lupus

Depression/Anxiety

Hepatitis

Headaches / Migraines

Other

None

If you checked yes to any of these please provide further information. If not mark N/A *

Do you? *

- Wear contact lenses
- Have a pacemaker
- Have metal implants
- Have body piercings
- No, not Applicable

Do you take any of the following dietary / health supplements?

- Multivitamin
- Vitamin C
- Vitamin D/D3
- Zinc
- Omega 3 / Fish Oil
- B Complex / B12
- Garlic
- Calcium
- Folic Acid
- Melatonin
- Coenzyme Q10
- Biotin
- Other

If other, please list

Any known allergies? *

- Aspirin
- Tree Nuts
- Latex
- Dairy
- Fruits
- Vegetables
- Shellfish
- Iodine
- Fragrances / Essential Oils
- Other

None

If Other, please specify

Have you used or been prescribed any medications (topical or oral) for acne / acne control? *

Yes

No

If yes, please specify what and date last used

Are you a smoker? *

Yes

No

Social

Do you drink more than 4 caffeinated beverages a day? (tea, coffee, soda, energy drinks) *

Yes

No

Have you ever experienced claustrophobia? *

Yes

No

Please rate your stress level *

Low

Medium

High

Please let me know if you would like to learn about natural ways to lower stress levels

FEMALE CLIENTS

Are you taking birth control? *

Yes

No

N/A

If yes, what kind

Are you pregnant or trying to become pregnant? *

Yes

No

Recently had a baby and am breastfeeding

N/A

Any menopause issues? *

Yes

No

N/A

If yes, please specify

Are you undergoing any hormone replacement therapy?

Yes

No

If yes, please specify

MALE CLIENTS

What is your current shaving system? *

Razor / Wet shave

Electric

N/A

Do you experience irritation from shaving? *

Yes

No

N/A

Post Facial Care/Waxing Instructions: Aerobic exercise and/or vigorous physical activity should be avoided for 48 hours. Direct sunlight exposure is to be avoided immediately following the treatment (including any strong UV light exposure and/or tanning beds). If some sun exposure cannot be avoided first apply a broad spectrum sunscreen of SPF 30. Sunscreen (with a minimum SPF 15) should become part of your daily skin care regimen as skin can potentially become more sensitize to the sun as a result of this treatment. Unless otherwise specified, in the evening following your treatment, cleanse your skin with a mild cleanser and water followed by a non-active moisturizer. Do not apply additional exfoliating ingredients/products the day of your service as over-exfoliation can result in irritation or further sensitivity. Consult your skin care professional before resuming topical treatments. Enzyme peels, DermaFile or DermaDisc treatments, chemical peels or facial waxing can result in skin flushing/redness or slight skin flaking or sensitivity for up to 48-72 hours post treatment. DO NOT peel, pick, rub, or scratch your skin at any time, whatsoever. This can potentially cause damage or compromise your results. *

I have read the post care instructions and agree to adhere to them.

Reservation & Cancellation Policy for all current and future appointments: a valid credit card is required for all appointments. Please do not forget to confirm your appointment when you receive your reminder from Vagaro. In the event of cancellations received less than 24 hours prior to appointment Tues-Fri, a cancellation fee equal to the reserved service booking will incur; Saturday cancellations require 48 hour notice. No Shows will be charged 100% *

I understand the reservation and cancellation policies at Sacred Skincareapy and consent to my credit card on file being charged if I fail to give 24 hour notice for appointments scheduled Tuesday through Friday and 48 hours notice for Saturday appointments.

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 skin care professional from liability and assume full responsibility thereof.

Yes