SonaBella
SKIN CARE THERAPY
(315)416-1286

Skin Care Consultation

Client Information

Name _____DOB _____

Address _____

City _____State _____ Zip _____

Occupation _____

Email address _____

Cell # _____Home/Other #_____

Would you like to receive appointment reminders via text/email? ❑ Yes ❑ No

How did you hear about me? _____

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

❑ Medicine _____ ❑ Food _____

❑ Animals _____ ❑ Cosmetics _____

❑ Sunscreens _____ ❑ Iodine _____

❑ Pollen _____ ❑ AHAs _____

❑ Fragrance _____ ❑ Shellfish _____

❑ Latex _____ ❑ Other _____

Female Clients Only:

Are you taking birth control? ❍ No ❍Yes

Are you pregnant or trying to become pregnant? ❍ No ❍Yes

Due Date:_____ Are you breast feeding? ❍No ❍Yes

Any hormonal or menopause problems? ❍ No ❍Yes specify:

_____

Are you undergoing any hormone replacement therapy?

❍ No ❍Yes

Male Clients Only:

What is your current shaving system?

❑ Wet shave ❑ Electric

Do you experience irritation from shaving? ❍ No ❍ Yes

Ingrown hairs? ❍ No ❍ Yes

When is the last time you shaved?

_____

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:_____

Your Skin Care

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

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

❍ Massage ❍ Exfoliating body scrub ❍ Seaweed wrap ❍ Other: _____

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

❍ Always burns easily, never tans ❍ Always burns, tans slightly

❍ Burns moderately, tans gradually ❍ Seldom burns, always tans well

❍ Rarely burns, deep tan ❍ Never burns, deeply pigmented

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

_____

Have you ever had chemical peels, laser or microdermabrasion? ❍ No ❍ Yes In the last month? ❍ No ❍ Yes

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

❍ No ❍Yes describe: _____

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

What skin care products are you currently using?

❍ Soap	❍ Toner	❍ Cleanser	❍ Eye Cream
❍ Sunscreen	❍ Day Moisturizer	❍ Exfoliator	❍ Scrubs
❍ Shower Gel	❍ Body Lotions	❍ Makeup	❍ Night Moisturizer/Cream
❍ Mask	❍ Other _____		

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

Shaving ***Waxing*** ***Electrolysis*** ***Tweezing*** ***Stringing*** ***Depilatories***

What areas of concern do you have regarding your Skin:

Breakouts/acne	❑	Blackheads/whiteheads	❑
Excessive oil/shine	❑	Rosacea	❑
Broken capillaries	❑	Redness/ruddiness	❑
Sun spot/liver spot/brown spot	❑	Uneven skin tone	❑
Sun damage	❑	Wrinkles/fine lines	❑
Dull/dry skin	❑	Flaky skin	❑
Dehydrated	❑	Other _____	

Eyes:

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

Lips:

dehydrated ❑ cracked/chapped lips ❑ Other: _____

Notes:_____

_____

_____

_____

Signed: _____**Date:**_____