

MONET'S Skin Care Spa WS

New Client Questionnaire

Name _____ Date _____

Address _____ City _____ State _____

Zip Code _____ Phone _____

Email address _____

Birthday _____

Have you had a facial before? Yes _____ No _____

What are your specific skin care concerns? Dry/Flaky _____ Age/Sun spots _____ Fine Lines _____
Excess oil _____ Redness/Sensitivity _____ Blackheads _____ Breakouts _____
None _____ Other _____

What skin care products are you currently using at home? Cleanser _____ Toner _____
Exfoliant/Scrub _____ Serum _____ Day Moisturizer _____ Night Moisturizer _____
Eye Cream _____ Brand(s): _____

Are you pregnant, lactating or plan on becoming pregnant soon? No _____ Yes _____

List all know allergies (food, products, ingredients, medication, etc.)

Have you ever had a reaction to skin care products or ingredients? No _____ Yes _____
(If yes) Please explain _____

Are you using any prescribed exfoliants? (Retin-A, Diferen, Renova etc.) No _____ Yes _____ (If yes),

How often _____

Do you have hair extensions or fillers that would enable you to have a face, neck or head massage?
No _____ Yes _____

Are you under the care of a doctor for an auto immune disorder? No _____ Yes _____

Are you currently taking any medication that could interfere with a facial treatment? No _____ Yes (if yes) Please explain _____

How many ounces of water do you drink daily? _____ On average, how many hours of sleep do you get each night? _____

on a scale of 1-10 what is your current stress level? _____

Do you take supplements/vitamins? Yes _____ No _____

Referred By: _____

I understand that redness, sensitivity, peeling or other reactions may occur from facial treatments. If I experience any discomfort during the session, I will immediately inform the esthetician so that the products and/or technique may be adjusted to my level of comfort. I further understand that estheticians are not qualified to diagnose, prescribe or treat any disease or illness and that a facial should not be a replacement for medical treatment. The treatments I receive here are voluntary and I release Spa Sweet LLC and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____

Date: _____