



**MEND AESTHETICS AT SUEDE SALON SPA
CONFIDENTIAL CLIENT CONSULTATION**

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Referred By: _____

Occupation: _____

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

YOUR HEALTH

Within the last year, have you been under a physician's care? Yes No

Within the last year, have you been under a dermatologist's care? Yes No

Within the last nine months, have you undergone any surgery? Yes No

If YES, please specify _____

Have you had any of these health problems in the **PAST** or **PRESENT**?

Cancer Diabetes Epilepsy Heart Problem Hormone Imbalance
Spinal Injury Hysterectomy Thyroid Condition Varicose Veins Systemic Disease

List ANY medications, supplements, vitamins, diuretics, diet pills, etc. that you take regularly

Do you smoke?	Yes	No
Do you exercise regularly?	Yes	No
Do you follow any special diet?	Yes	No
Do you have regular sleep patterns?	Yes	No
Do you wear contact lenses?	Yes	No
Do you have any pins, metallic or cosmetic implants or a pacemaker?	Yes	No
Have you ever experienced claustrophobia?	Yes	No
Do you form thick or raised scars from cuts or burns?	Yes	No

YOUR SKIN CARE

Have you ever had a facial treatment before? Yes No When? _____

With what temperature of water do you cleanse? Cool Warm Hot

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

If YES, please specify _____

Which of the following best describes your skin type?

- | | |
|----------------------------|----------------------------------|
| 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 |

Have you ever had Chemical Peels Laser Microdermabrasion
In the last month? Yes No

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

Yes No

If YES, please specify _____

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

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

What areas of concern do you have regarding

SKIN:

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

EYES:

Dehydrated Wrinkles Puffiness Dark Circles Other _____

LIPS:

Dehydrated Cracked/Chapped Other _____

Have you ever had an allergic reaction to any of the following?

Cosmetics AHAs Medicine Fragrance Food Shellfish

Animals Latex Sunscreens Drugs Iodine Pollen

Other _____

If Yes, please explain: _____

Have you had any recent tanning bed or sun exposure that changed the color of your skin?

No Yes Specify: _____

Have you experienced Botox, Restylane, Juvederm, Radiesse, Sculptra or Collagen

injections? No Yes Specify _____

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

Soap _____ Shower Gels _____

Toner _____ Body Lotions _____

Mask _____ Sunscreen _____

Eye Product _____ SPF _____

Cleanser _____ Night Moisturizer _____

Day Moisturizer _____ Other _____

Exfoliator _____ Makeup _____

Scrubs _____

Female Clients Only:

Are you taking oral contraceptives? No Yes Specify _____

Any recent changes to or from your contraceptive treatment? No Yes

Are you pregnant or trying to become pregnant? No Yes

Are you lactating? No Yes

Any menopause problems? No Yes

Specify _____

Are you undergoing any hormone replacement therapy? No Yes

Specify _____

Male Clients Only:

What is your current shaving system? Wet Shave Electric

Do you experience irritation from shaving? No Yes Ingrown hairs? No Yes

Specify _____

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 skin care professional from liability and assume full responsibility thereof.

Client Signature _____ **Date** _____

Parent/Guardian Signature (if under 18) _____

Aesthetician Signature _____