



skincare studio & spa

**Confidential Skin Health Questionnaire
CLIENT INFORMATION**

Date _____ Name _____ Cell Phone _____
Address _____ City/State/Zip _____
Email _____ Occupation _____ Referred by _____
Date of birth _____ Age _____ Family physician _____ Do you smoke? _____

MEDICAL INFORMATION

Have you been treated for: (Please circle)

Acne Depression Skin Disease Cancer High Blood Pressure Cold sores Diabetes

List of all allergies _____

Are you currently undergoing ANY medical treatment? Procedures? Surgeries? _____

List of all medications(including Acne medications & supplements) that you are currently taking

Do you suffer from any communicable diseases such as Hepatitis/HIV/AIDS etc.? _____

Are you pregnant? _____ if yes, how far along? _____ Hormone therapy? _____

PERSONAL INFORMATION : Current level of stress: 1 - 10 _____ Normal level of stress: 1 - 10 _____

Daily intake of water (ounces) _____ Your last sunburn? _____ Do you use tanning beds? _____

When you are in the sun for 30 minutes, do you burn? Always Sometimes Never

Have you ever been under the treatment a: Dermatologist - Esthetician- _____

Have you ever had a chemical peel, laser, micro-dermabrasion or any skin resurfacing treatment? _____

Are you concerned about skin condition on your body? (circle all that apply)

SUN SPOTS - SKIN LAXITY - DRY/ROUGH - ACNE - FINE LINES AND WRINKLES

What skin line are you currently using? _____ Do you use daily sunblock? _____

If not, why? _____ Do you experience an oily shine during the day? _____

How do you feel about the overall quality of your skin: (Bad) 1 2 3 4 5 6 7 8 9 10 (Fantastic)

You would say your skin type is? NORMAL* DRY/DEHYDRATED * OILY * ACNE/ACNEPRONE * ROSACEA

Please rank 1 (most important) to 5 (least important) improvement in the next 30 days:

_____ REDUCTION OF FINE LINES _____ REDUCTION OF SPOTS/SUN DAMAGE

_____ REDUCTION OF OIL/ACNE _____ ACNE SCARS DIMINISHED

_____ REDUCTION OF REDNESS

Do you use Retin A, Renova, Adapalene, or Acutane? _____

CONTINUED ON BACK

If I experience any pain or 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 facial should not be construed as a substitute for medical examination, diagnosis, or treatment. I understand that estheticians are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because certain treatments should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the esthetician updated as to any changes in my medical profile during the session and understand that there shall be no liability on the estheticians part should I fail to do so. I also understand that the Licensed Esthetician reserves the right to refuse to perform treatments on anyone whom he/she deems to have a condition for which facial treatments are contraindicated. From time to time Bellagena photos are taken of clients for education, research and general advertising or promotion. By signing below you release Bellagena from any claim, demand, cause, action or proceeding of whatever nature arising out of publication and distribution of said photographs in accordance with terms of this release. Notice prior to any release for advertising or promotion will be provided.

For the consideration of our other spa clients as well as our therapists please note rescheduled and/or cancelled appointments with less than 24 hrs. notice are subject to a \$25.00 fee and no show appointments are subject to the full price of the service. With your signature below, you authorize Bellagena to charge your credit card on file pursuant to the above cancellation policy. At this time we only accept gratuity on a credit card with a purchase of \$20 or more.

Client Signature _____ **Date** _____

*Please note: Packages are not refundable or transferrable if any portion of the package has been used. All retail may be returned within 14 days of original purchase for unopened/unused products. An exception will be made for manufacturers defect/damage.