

Violet Aesthetic Centre

880 Holcomb Blvd, Suite 5
Fairhope, AL 36532
(251) 929- 0004

Client Consultation

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail Address: _____

Occupation: _____ Does your job require that you work outdoors?

Who can we thank for referring you? _____

Are you currently under the care of a physician? _____

Have you recently undergone any surgery? _____

Please list any medications you are currently on: _____

Your Skin Care

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

2) What areas of concern do you have regarding your skin? (Please circle any that apply)

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

Eyes:

Dehydrated Wrinkles Puffiness Dark circles Other: _____

Lips:

Dehydrated Cracked / Chapped lips Other: _____

3) Which of the following best describes your skin type?

Creamy complexion	Always burns easily, never tans
Light complexion	Always burns, tans slightly
Light/ Matte complexion	Burns moderately, tans gradually
Matte complexion	Seldom burns, always tans well
Brown complexion	Rarely burns, deep tan
Black complexion	Never burns, deeply pigmented

4) Do you have any special skin problems or concerns pertaining to your face or body?
Specify: _____

5) Have you ever had a facial treatment before? ___ No ___ Yes, when was your last facial treatment?

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

7) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol / vitamin A derivative products? ___
No ___ Yes
Describe: _____

8) Have you used any of these products in the last three months? ___ No ___ Yes

9) Have you used Acne medication? ___ No ___ Yes, When? _____ Which drug?

10) What skin care products are you currently using? (List brand, if known)

Cleanser _____	Shower Gels _____
Toner _____	Body Lotions _____
Mask _____	Sunscreen _____
Eye Product _____	SPF _____
Day Moisturizer _____	Night Moisturizer _____
Exfoliator _____	Other _____
Scrubs _____	Makeup Products _____

11) Have you used any hair removal methods in the past six weeks? ___ No ___ Yes

12) Have you ever had an allergic reaction to any of the following? (Please circle any that apply and explain)

Cosmetics	AHAs
Medicine	Fragrance
Food	Shellfish
Animals	Latex
Sunscreens	Drugs
Iodine	Other: _____
Pollen	

Specify: _____

13) Have you had any recent tanning bed or sun exposure that changed the color of your skin? ___ No ___ Yes, Specify: _____

14) Have you recently used self-tanning lotions, creams or treatments? ___ No ___ Yes, Specify:

Female Clients Only:

15) Are you taking oral contraceptive treatments? ___ No ___ Yes, Specify: _____

16) Any recent changes to or from your contraceptive treatment? ___ No ___ Yes If so, what and when?

17) Are you pregnant or trying to become pregnant? ___ No ___ Yes

Male Clients Only:

18) What is your current shaving system? ___ Wet Shave ___ Electric

19) Do you experience irritation from shaving? ___ No ___ Yes, Ingrown hairs? ___ No ___ Yes

Future Appointments/ Contact:

May I contact you via mail/email about future promotions and news? ___ No ___ Yes

CANCELLATION POLICY:

We understand that certain circumstances are unavoidable and may require cancellation. Our time is our livelihood. Out of respect for our technician's time, we request a 24-hour notice for any cancellations or reservation change. Cancellations with less than a 24-hour notice or no-shows will incur a charge of 50% of the total service cost.

RETURN POLICY:

Unopened products may be returned or exchanged within 10 days of original purchase -- no cash refunds given.

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's Signature: _____

Date: _____