

Facial Form

Name _____ Todays Date _____

Address _____

Email _____

Date of Birth _____

Occupation _____

Referred By _____

Skin Type? Sensitive Combo Normal Dry Oily

Just here to relax? _____ Here to Relax and see some results? _____

Circle all concerns:

Uneven	Dullness	Lack of Firmness	Sun Damage
Redness	Fine Lines	Aging	Flakiness
Wrinkles	Problem Skin	Dehydrated	Large Pores

Are there any scents that you do not like? _____

Any area that you are sensitive to touch? _____

Any recent injuries? _____

Any allergies? Yes No Please List if yes: _____

Stress Level Today? 1 2 3 4 5 6 7 8 9 10
Low Medium High

Client Signature _____ Date _____