



Client Profile

Name: _____ DOB: _____ Age: _____ Sex: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email _____

About You:

What is your hereditary background?(Circle all that apply) Nordic/ Scandinavian/ Irish / English / Asian / Mediterranean / Hispanic / Native American / Middle Eastern / African American /

Other _____

Natural Eye Color: _____

Natural Hair Color: _____

Do you consider your skin(circle the best option): Sensitive / Resilient / Unsure

Describe your skin(circle all that apply): Normal / Dry / T-Zone / Combination / Thick / Thin / Saggy / Firm / Oily / Acne / Comedones / Blackheads / Millia / Cysts / Breakouts / Acne-scarred / Large pores / Small pores / Rosacea / Eczema / Freckled / Sun-damaged / Melasma / Hyperpigmentation / Hypopigmentation / Uneven / Mature / Wrinkled / Patchy dryness / Sallow / Psoriasis / Dehydrated / Asphyxiated / broken surface capillaries

What are the changes you'd most like to see in your skin?

Lifestyle:

Are you pregnant or lactating? Yes _____ No _____

(Please consult with your obstetrician.

Do you wear contact lenses? Yes _____ No _____

(Remove Contacts if eyes are sensitive or if having microdermabrasion)

Do you currently have a sunburned/windburned/redface?

Why? _____

Are you in the habit of going to tanning booths? Yes _____ No _____

(if within the past 14 days, decline treatment. This practice should be discontinued due to increased risk of skin cancer and signs of aging.)

Do you participate in vigorous aerobic activity of sports? Yes _____ No _____

What type? _____

Do you smoke or use tobacco? Yes _____ No _____

What kind of work do you do? _____

On average, how many hours per week do you spend outdoors? _____