HEALTH at HAND
Advanced Bodywork + Esthetics

SKINCARE CONSULTATION FORM

CLIENT INFORMATION

Client Name: _____ **Date:** _____
Address: _____
Phone: **H.** _____ **C.** _____
Email:
Birth date: _____ **Referred By:** _____

PERSONAL INFORMATION

With sun exposure does your skin:

__ Always burn (Type 1)
__ Usually burn (Type 2)
__ Sometimes burn (Type 3)
__ Rarely burn (Type 4)
__ Never burn (Type 5)

Do you form scarring from a cut or burn? __ Yes __ No

How many hours a week do you exercise? __ None __ 1-3 __ 4-6 __7-10+
How many hours a week do you work? __ 0-10 __ 10-20 __ 20-30 __ 30-40 __ 40+

What is your current sress level? __ Low __ Moder __ High

Do You Smoke? __ Yes __ No **Quantity per day** __

Please describe your diet _____

What is your daily fluid intake of the following (in glasses):

__ Water
__ Coffee
__Tea
__ Soft Drinks
__ Alcohol
__ Other

Please list all supplements and/or vitamins you take on a regular basis: _____

What skin care products are you currently using?

What do you like about your skin?

What would you like to improve most about your skin? _____

HEALTH ISSUES: (PLEASE CHECK ALL THAT APPLY)

MAJOR ILLNESSES:

__ Diabetes
__ Cancer
__ Heart
__ Hormonal imnbalance
__ Autoimmune
__ Thyroid
__ Digestive
__ Depression
__ Asthma
__ Acne
__ Rosacea
__ Eczema
__ Psoriasis
__ Dermatitis
__ Carcinomas or Melanoma
__ Cold Sores

Please tell me about any checked boxes above: _____

Are you currently under a treatment plan? __ Yes __ No
If yes, please expain: _____
List Medication(s): _____
Treating Physician: _____

Have you recently had any of the following:

__ Dermal fillers
__ Botox
__ Laser Resurfacing
__ Cosmetic Surgery
If so, when? _____

Do you have metal implants? __ Yes __ No
Are you Pregnant or lactating? __ Yes __ No
Are you on hormone therapy? __ Yes __ No

Please list all inow allergies: _____
Do you haveany allergic reaction to the sun, chemical peels or any skin care products? _____

I have answereed all questions completely and to the best of my knowledge. I am aware that this information is fully confidential and will on ly allow my esthetician to work on my skin without harm to my body.

Client Signature **date** **Therapist Signature** **Date**