# **MSpa Client Consultation**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Single: \_\_ No \_\_ Yes Married: \_\_ No \_\_ Yes If yes, anniversary date: \_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your job require that you work outdoors? \_\_ No \_\_Yes

Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to achieve from your treatment today?\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Your Skin Care**

1) Have you ever had a facial treatment before? \_\_ No \_\_Yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Have you ever had a body spa treatment before? \_\_ No \_\_ Yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Massage: \_\_ No \_\_ Yes Salt glow: \_\_ No \_\_ Yes Seaweed wrap: \_\_ No \_\_ Yes

Moor mud: \_\_ No \_\_ Yes Body scrub: \_\_ No \_\_ Yes

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Which of the following best describes your skin type? (Please circle one type number)

I Creamy complexion always burns easily, never tans

II Light Complexion always burns, tans slightly

III Light/Matte Complexion Burns moderately, tans gradually

IV Matte Complexion seldom burns, always tans well

V Brown Complexion rarely burns, deep tan

VI Dark Brown Complexion rarely burns, deeply pigmented

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

\_\_ Yes \_\_ No

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) Have you ever had chemical peels, laser or microdermabrasion?

\_\_ No \_\_ Yes In the last month? \_\_ No \_\_ Yes

6) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products? \_\_ No \_\_ Yes

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Have you used any of these products in the last 3 months? \_\_ No \_\_ Yes

8) Have you used an acne medication? \_\_ No \_\_ Yes, when? \_\_\_\_\_\_\_\_ Which drug? \_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the current products you are using:

Soap \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Toner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mask \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Product \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cleanser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Moisturizer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exfoliator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scrubs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shower

Gels\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Body Lotions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sunscreen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Night Moisturizer/Cream\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Makeup Products\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) What skin care products are you currently using? (List brand where known)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10) Have you recently used any self-tanning lotions, creams or treatments? \_\_ No \_\_ Yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_

11) Have you used any of the following hair removal methods in the past six weeks?

\_\_ No \_\_ Yes, circle all that apply.

Shaving Waxing Electrolysis Plucking

Tweezing Stringing Depilatories

12) What areas of concern do you have regarding your:

**Skin:** (Please circle any that apply and explain)

Breakouts/acne Blackheads/whiteheads Excessive oil/shine

Rosacea Broken capillaries Redness/ruddiness o

Sun spot/liver spot/brown spot Uneven skin tone Sun damage

Wrinkles/fine lines Dull/dry skin Flaky skin

Dehydrated Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eyes:**

dehydrated wrinkles puffiness dark circles Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lips:**

dehydrated cracked/chapped lips Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

13) Have you ever had an allergic reaction to any of the following?

(Please circle any that apply and explain)

Cosmetics Medicine Food

Animals Sunscreens Iodine

Pollen AHAs Fragrance

Shellfish Latex Drugs

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14) What SPF do you use on your face? \_\_\_\_\_\_\_\_\_\_\_\_ How often/when? \_\_\_\_\_\_\_\_\_\_\_\_\_

15) What SPF do you use on your body? \_\_\_\_\_\_\_\_\_\_\_ How often/when? \_\_\_\_\_\_\_\_\_\_\_\_\_

16) Have you had any recent tanning bed or sun exposure that changed the color of your skin? \_\_ No \_\_ Yes Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17) Have you experienced Botox, Restylane or Collagen injections? \_\_ No \_\_ Yes

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Female Clients Only:**

18) Are you taking oral contraceptives? \_\_ No \_\_ Yes

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19) Any recent changes to or from your contraceptive treatment? \_\_No \_\_ Yes

If so, what and when:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20) Are you pregnant or trying to become pregnant? \_\_ No \_\_ Yes

21) Are you lactating? \_\_ No \_\_ Yes

22) Any menopause problems? \_\_ No \_\_ Yes

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23) Are you undergoing any hormone replacement therapy? \_\_ No \_\_ Yes

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Male Clients Only:**

24) What is your current shaving system? Wet shave o Electric o

25) Do you experience irritation from shaving? \_\_ No \_\_ Yes

Ingrown hairs? \_\_ No \_\_ Yes

Please use this space to complete answers where space was insufficient. (Please include the number of the question)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **Future Appointments/Contact:**

May I call you at your home, work or cell phone number to confirm future appointments?

\_\_ No \_\_ Yes

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

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 Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_