

Client Name _____ Date _____

Zip code _____ Whom may we thank for your referral? _____

Phone Number _____ Email Address _____

Would you like confirmation of appointments via email or phone? _____

Birthday _____ Anniversary _____

*We do not sell or give any of your information to other parties

Client History

1. List any medications and vitamins that you take regularly.
Medications: _____

Vitamins: _____

2. Had chemical Peels? Y N
Use ANY retinol products? Y N
Ever used the drug, Accutane?
Y N

3. Do you have any special concerns pertaining to your face or body?

4. Have you ever had any spa treatments before? Y N
if so, what type(s) _____

5. What is your primary reason for receiving your service today?

6. How often do you receive the service you are here for today?

* Regularly *Seldom
*Never

Oil Secretion

1. Do you experience breakthrough oil shine during the day?
Y N

2. Do you experience breakouts?
Y N

Moisture/Hydration

Do you ever experience these conditions on your skin?

*flakiness *tightness
*obvious dryness

Female Clients Only

1. Are you taking oral contraception? Y N
2. Are you pregnant, or trying to become pregnant? Y N
3. Are you lactating? Y N

Male Clients Only

1. What is your current shaving systems? Wet Electric
2. Do you ever experience irritation from shaving? Y N
3. Do you experience ingrown hairs? Y N

Skin Sensitivity

Please answer these questions rating your sensitivity.

1 (moderate) to 5 (extreme)

1. How sensitive is your skin?
1 2 3 4 5

2. How much of a tendency does your skin have to redness?
1 2 3 4 5

3. What level do you consider your pain tolerance to be?
1 2 3 4 5

Allergies

List any allergies that cause hives or anaphylactic shock:

List anything that may cause reactions to the skin:

4. Do you have abnormal blood pressure, or blood clots.
Y N

For clients receiving a facial

Please understand that skincare is our passion, and we are here to help you learn how to take care of your skin. Professional treatments and home care go hand in hand for overall healthy skin. Your esthetician would be happy to make recommendations at the end of your treatment. Please circle your answer.

1. I'd be open to suggestions.
2. Not at this time, thank you.

Fabu Face Spa is not responsible for any adverse reactions to the skin. This information is completely confidential and to be used only for treatment analysis.

OUR POLICY: We require 48 hours notice for cancellations or change of appointments. In the event that you do not show or call to cancel, your credit card will be charged 50% of the treatment fee. You may choose to keep your credit card number on file, or provide us with the credit card number each time when scheduling an appointment.

I confirm to the best of my knowledge that the answers I have given are correct, and that I have not withheld any information that may be relevant to my treatment.

Client Signature

