

Facial Consultation Form

Please fill in before your first treatment and tell your esthetician if anything changes.

CLIENT DETAILS

Full name

Phone

Email

Birthday

First visit

Preferred contact ☐ Call ☐ Text ☐ Email

OK to send reminders ☐ Yes ☐ No

SKIN & HEALTH CHECK

Do any of these apply to you now or recently? Tick all that apply.

☐ Isotretinoin (Accutane) in the last 12 months

☐ Retinol, tretinoin or other retinoids

☐ Peel, laser or microneedling in the last 4 weeks

☐ Botox or fillers in the last 2 weeks

☐ Sunburn or recent tanning

☐ Cold sores (herpes simplex)

☐ Eczema, psoriasis or rosacea

☐ Active breakouts or skin infection

☐ Pregnant or breastfeeding

☐ Diabetes or autoimmune condition

Allergies or sensitivities (skincare ingredients, fragrance, nuts, aspirin / salicylates, latex)

Medication and other health notes your esthetician should know

YOUR SKINCARE ROUTINE

Cleanser

Moisturizer

Actives and treatments you use (vitamin C, AHA / BHA, retinol, prescription creams...)

Sunscreen every day? ☐ Yes ☐ Sometimes ☐ No



Skin Analysis & Treatment Record

Skin type, concerns and goals, signed consent, and a log of every treatment.

Client name

SKIN TYPE & CONCERNS

Skin type ☐ Normal ☐ Dry ☐ Oily ☐ Combination ☐ Sensitive

Main concerns:

☐ Acne ☐ Pigmentation ☐ Fine lines ☐ Redness
☐ Dehydration ☐ Enlarged pores ☐ Dullness ☐ Scarring

Goals for your skin

CLIENT CONSENT

My answers are correct to the best of my knowledge. I'll tell my esthetician about any changes to my health, medication or skincare, and about any reaction after a treatment. I understand results vary from person to person.

Client signature

Date

TREATMENT RECORD

Date	Treatment	Products / peel strength	Skin reaction	Notes for next time

