

SKIN CARE CLIENT QUESTIONNAIRE

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth Date: _____

Email Address: _____

Occupation: _____ Children? Yes/No

If so, how many? _____ Age Range? _____

How did you hear about The Facial Studio by Ira? _____

Have you ever had a facial? Yes/No

Do you currently get regular facials? Yes/No How often? _____

Do you have any current medical conditions? Yes/No

If yes, please list: _____

Are you taking any prescription medications, either topical or internal? Yes/No

If yes, please list: _____

Are you wearing contact lenses today? Yes/No

Do you smoke? Yes/No If yes, how much per day? _____

Have you had any cosmetic surgery? Yes/No

If yes, what and when? _____

What are you currently using on your skin?

Cleanser (Milky/Foaming) _____

Scrub (Fine/Coarse) _____ Toner: _____

Serums: _____ Moisturizer: _____

Sun Block: _____ Eye: _____ Masks: _____

What are your goals for your skin? _____

What are your skin concerns? (Check all that apply)

___ Acne & Blemishes

___ Oiliness

___ Brown/Sun Spots

___ Clogged Pores/Blackheads

___ Loss of Tone/Lack of Firmness

___ Redness/Sensitivity

___ Rosacea

___ Easily Irritated by products/Sensitive

___ Dehydration (Feels tight)

___ Dryness (Feels tight & is flaky)

What are your skin concerns? (Check all that apply) Cont'd

- Lines & Wrinkles
- Large Pores
- Anti-Aging
- Keeping Skin Healthy

How Oily or Dry is Your Skin (Check one)

- Oily year round
- Combination in the summer, normal in the winter
- Combination (T-zone oil) year round
- Normal year round
- Oily in the summer, combination in the winter
- Normal in the summer, dry in the winter
- Combination year round
- Dry year round

How Often do you get blemishes?

- Never (this is not an issue for me)
- Rarely (once in a while)
- Occasionally (once a month or less)
- Occasionally (a few a month)
- Often (approximately one per week)
- Often (approximately 2-3 breakouts per week)
- Daily (a new blemish appears every day)

What type of blemishes do you get most often? (Check all that apply)

- Cysts (hard, sore "underground" blemishes under the skin that rarely surface)
- Pustules (red, inflamed, traditional "zits" that usually surface)
- Whiteheads/Closed Comedones (non-sore, clogged bumps under the skin)
- Other: _____

Where do you get the majority of your blemishes (Check One)

- Forehead Cheeks Chin/Jaw Line/Neck
- Nose Back Other: _____

What is your skin tone?

- Very Fair Medium Dark
- Fair Medium-Olive Very Dark

How often do you wear sunscreen on your face? (Check One)

- 365 days a year
- Only in the spring/summer, only when outdoors
- Other: _____

Do you prefer extractions when you have a professional facial?

(Check One)

Yes, my skin needs a lot of extractions

Yes, but only if my skin needs it

No, I prefer not to have extractions

A facial may cause the skin to purge resulting in a breakout.
THIS IS NORMAL and does not mean you are having a reaction to the
products. Do you have any questions about this? _____

Client Name (Print)

Technician Name (Print)

Client Signature

Technician Signature

For Professional Use Only:

Skin Analysis: Dry Combo Oily Anti-Aging Acne Reactive

Dehydration: Mild Moderate Severe

Thickness: Thin Medium Thick

Do you get oily during the day? Yes/No

Do you Keloid? Yes/No

Do you react to products? Yes/No

Do you have any allergies? Yes/No If yes, please list:

Line Chosen and Results:
