



## SKINCARE QUESTIONNAIRE

**Please sign completed form. Email to [info@chesapeakeholistic.com](mailto:info@chesapeakeholistic.com) or fax to 410-757-6742 – before your first session.**

This must be completed prior to your appointment, to enable effective time-scheduling for your session and other clients.

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

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Yes  No Have you had a facial treatment in the past?

Yes  No Are you pregnant?

Yes  No Do you have any metal implants?

Yes  No Do you smoke?

Yes  No Are you currently taking Retin-A, Accutane, or another skincare medication? If so, please list:

\_\_\_\_\_

Yes  No Are you under a dermatologist's care? If so, for what skin conditions are you being treated?

\_\_\_\_\_

Please list all allergies, including fruits, nuts, honey, dairy, lavender, chamomile or other natural products:

\_\_\_\_\_

\_\_\_\_\_

How do you feel about your skin?

\_\_\_\_\_

\_\_\_\_\_

Is there a specific reason you came to us?

\_\_\_\_\_

\_\_\_\_\_

### WAIVER

I am aware the Esthetician does not diagnose illness or disease, and does not prescribe medications. I fully understand the above questions, and will let my Esthetician know about any changes in the future.

Signature: \_\_\_\_\_