



SKINCARE QUESTIONNAIRE

Please sign completed form. Email to gcullen@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: Click here to enter text. 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: _____