



NEW CLIENT CONSULTATION

Thank you for choosing Beautiful Skin by Carmen to provide
your skin care needs.

Today's Date _____

Name _____ Address _____

City _____ State _____ Zip _____ DOB _____ Age _____

Email _____ Cell phone _____

Occupation _____ Would you like to have news & specials e-mailed to you? _____

How did you hear about us? Please circle all that apply: Google, YELP, Instagram, Spa Finder
Vagaro, Pinterest, FB, Twitter, Friend. Or who can we thank for referring you? _____

HEALTH INFORMATION

| | |
|---|--|
| <p>Have you been treated for: (please circle all that apply) Acne Rosacea Epilepsy Depression Skin disease Diabetes High blood pressure Cold sores Cancer HIV Thyroid Hepatitis or Heart problem?</p> <p>List all allergies or reactions to food and Medication _____</p> <p>Have you undergone surgery in the last 6 months? (medical or cosmetic?) _____</p> <p>Have you been under the care of a Dermatologist, Plastic Surgeon or Esthetician _____</p> <p>Have you had Botox or Fillers? Date _____</p> <p>Do you have Metal Plates, Implants Pins or Pacemaker? _____</p> <p>Are your pregnant/Nursing? _____</p> <p>Are you prone to cold sores? _____</p> | <p>Do you Smoke? _____ How often _____</p> <p>Living with smoker _____</p> <p>How many ounces of water you drink daily? _____</p> <p>Do you exercise? _____ If so, how often _____</p> <p>Do you take vitamins _____</p> <p>Your last sunburn _____</p> <p>Do you use tanning beds? _____</p> <p>Do you work outdoors? No yes</p> <p>When you go out in the sun, do you (circle one):</p> <p>Always burn (I)</p> <p>Usually burn (II)</p> <p>Sometimes burn (III)</p> <p>Rarely burn (IV)</p> <p>Very rarely burn (V)</p> <p>Never burn (VI)</p> |
|---|--|

Do you take or use any of the following: (circle all that apply) Adapalene, Tetracycline, Retinoic Acid, AHA, Glycolic Acid, Salicylic, Lactic, Retin-A, Accutane, Isotretinoin, Benzoyl peroxide, Renova, Hydroquinone, Aspirin, Anticoagulant, Ibuprofen, Antidepressants or any other acne medication prescribed by a dermatologist/Doctor.

Have you had any resurfacing treatments like: IPL, Laser, Medium to Deep Depth chemical peels in the past 2 months: _____

Circle your normal level of stress (1 being the least/10 the highest) 1 2 3 4 5 6 7 8 9 10

PLEASE TURN OVER AND COMPLETE BACK



What skin care line are you currently using? _____ How often? _____

Do you use a daily environmental protection product (sunblock)? _____ If not, why _____

ON A SCALE OF 1 TO 10 CIRCLE HOW YOU FEEL ABOUT THE OVERALL QUALITY OF YOUR SKIN:

(BAD) 1 2 3 4 5 6 7 8 9 10 (FANTASTIC)

ON A SCALE OF 1 TO 5, PLEASE RANK THE IMPROVEMENT YOU WISH TO SEE IN THE NEXT 90 DAYS: (#1 BEING THE MOST IMPORTANT TO #5 BEING THE LEAST IMPORTANT) Rank from 1 Imp. to 5 Not so Imp. only.

Reduction of Fine Lines _____ Scars Diminished _____ Reduction of Redness _____ Rosacea _____

Brown Spots _____ Hyperpigmentation from Sun Damage _____ Sun Damage _____

Reduction of Oil _____ Reduction of Acne Breakouts _____

Have you had lash lift, lash/brow tint, lash extensions, or microblading recently? _____ When? _____

Do you wear contacts? _____

Additional conditions you are concerned with: (Circle all that apply)

Dark spots, uneven skin tone or pigmentation on your face, knees, elbows, underarms, back of hands, between the thighs and intimate areas? If you answered yes, WE NOW OFFER Pink Intimate and White in for face and body brightening and lightening.

Are you also concerned with skin laxity, cellulite, orange peel appearance, body fat deposits, hair loss or thinning brows/lashes?

Do you notice: (circle all that apply) Loose Skin that needs to be tightened, Rough skin or Keratosis Pilaris, Dark circles, Wrinkles, Fine lines and Puffiness around the eyes.

Are you or someone you know have health issue and you are ready to do something about it? _____

Are you an open minded about trying an holistic approach? _____ or, are you a skeptic? _____

If you answered yes to both of these questions, we would like you or the person you know to take a 3 day challenge on our Bemer Mat for free. Must be able do 3 consecutive days at our Spa.

BEMER ENHANCES:

- General Blood Flow
- The body's nutrient and oxygen supply and waste disposal
- Cardiac function

- Physical fitness, endurance strength and energy
- Concentration, mental acuity, stress reduction and relaxation
- Sleep management

Please be advised that we require at least 24 hours-notice on all scheduled appointment changes. There is a charge of 50% of the service cost for missed appointments or same day cancellations. Because of this policy we want we will always require an up-to-date credit cards on file in order to charge if you do not cancel your appointment within 24 hours or more.

I _____ Date ____/____/____ give permission for Beautiful Skin by Carmen to treat me today. I have disclosed any allergies/reactions, current medical conditions that I am being treated for and release Beautiful Skin by Carmen of any liabilities that may arise during my treatment. If my treatment is ongoing, I will be responsible for disclosing any new allergies, medical conditions or medications at the time of each and every service.

Esthetician: _____ Date _____