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ADVANCED WELLNESS INSTITUTE

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Client Consultation

Name: _____ Date:_____
Address: _____
Home Phone: _____ Cell Phone: _____
E-mail address:_____ Date of Birth: _____
Married: ☐ Yes ☐ No If yes, anniversary Date: _____
Occupation: _____ Does your job require that you work outdoors? ☐ No ☐ Yes
Referred by: _____
What would you like to achieve from your treatment today? _____
What do you like about your skin? _____
_____
_____

Your Skin Care

1) Have you ever had a facial treatment before? ☐ No ☐ Yes, when? _____

2) Which of the following best describes your skin type? (Please circle one type number)

- **I** Creamy Complexion Always burns easily, never tans
- **II** Light Complexion Always burns, tans slightly
- **III** Light/Matte Complexion Burns moderately, tans gradually
- **IV** Matte Complexion Seldom burns, always tans well
- **V** Brown Complexion Rarely burns, deep tan
- **VI** Black Complexion Never burns, deeply pigmented

3) Check if you have ever had any of the following

☐ Chemical Peels ☐ Laser ☐ Microdermabrasion

In the last month? ☐ No ☐ Yes, if so, which?_____

4) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products?

☐ No ☐ Yes, describe which one & how often: _____

Have you used any of these products in the last 3 months? ☐ No ☐ Yes

5) Have you used an acne medication? ☐ No ☐ Yes, when? _____ Which drug? _____

6) What skin care products are you currently using? (List brand where known)

Soap _____
Toner _____
Mask _____
Eye Product _____
Cleanser_____
Day Moisturizer _____
Exfoliator _____

Scrubs _____
Shower Gels_____
Body Lotions _____
Sunscreen_____
SPF_____
Night Moisturizer/Cream_____
Other_____

7) Have you recently used any self-tanning lotions, creams or treatments? □ No □ Yes, specify:

_____

8) Have you used any of the following hair removal methods in the past six weeks?

- ☐ Shaving
- ☐ Waxing
- ☐ Electrolysis
- ☐ Plucking
- ☐ Tweezing
- ☐ Stringing
- ☐ Depilatories

9) What areas of concern do you have regarding your:

Skin: (Please check any that apply and explain)

- ☐ Breakouts/acne
- ☐ Blackheads/whiteheads
- ☐ Excessive oil/shine
- ☐ Rosacea
- ☐ Broken Capillaries
- ☐ Redness/ruddiness
- ☐ Sun spot/liver spot/brown spot
- ☐ Uneven skin tone
- ☐ Sun damage
- ☐ Wrinkles/fine lines
- ☐ Dull/dry skin
- ☐ Flaky skin
- ☐ Dehydrated
- ☐ Other: _____

Eyes: □ dehydrated □ wrinkles □ puffiness □ dark circles □ Other: _____

Lips: □ dehydrated □ cracked/chapped lips □ Other: _____

Other specify: _____

10) Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain) If yes, please explain: _____

- ☐ Cosmetics
- ☐ Medicine
- ☐ Food
- ☐ Animals
- ☐ Sunscreens
- ☐ Iodine
- ☐ Pollen
- ☐ AHAs
- ☐ Fragrance
- ☐ Shellfish
- ☐ Latex
- ☐ Drugs
- ☐ Other_____

11) What SPF do you use on your face? _____ How often/when? _____

12) What SPF do you use on your body? _____ How often/when? _____

13) Have you had any tanning bed or sun exposure that changed the color of your skin in the last month?

☐ No ☐ Yes, specify: _____

14) Have you experienced Botox, Restylane or Collagen injections? □ No □ Yes

specify: _____

Female Clients Only:

15) Are you taking oral contraceptives? ☐ No ☐ Yes specify: _____

16) Any recent changes to or from your contraceptive treatment? ☐ No ☐ Yes
If so, what and when: _____

17) Are you pregnant or trying to become pregnant? ☐ No ☐ Yes

18) Are you lactating? ☐ No ☐ Yes

19) Any menopause problems? ☐ No ☐ Yes specify: _____

20) Are you undergoing any hormone replacement therapy? ☐ No ☐ Yes
specify: _____

Male Clients Only:

21) What is your current shaving system? ☐ Wet shave ☐ Electric

22) Do you experience irritation from shaving? ☐ No ☐ Yes Ingrown hairs? ☐ No ☐ Yes

Please use this space to complete answers where space was insufficient. (Please include the number of the question)

_____
_____
_____

Future Appointments/Contact:

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____ Date:_____