

# Capricious Spa

## Client Consultation Form

Name \_\_\_\_\_ Date of Birth (month/day) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email (please print) \_\_\_\_\_  
Referred by \_\_\_\_\_

Have you ever had a facial before?(circle one) NO / YES If yes, when? \_\_\_\_\_  
What was your favorite part? \_\_\_\_\_ Least favorite part \_\_\_\_\_  
What is your main goal for today's treatment? \_\_\_\_\_

Please describe your skin (circle all that apply)

Dry Oily Combo Mature Flakey Breakouts Acne Blackheads Milia

Whiteheads Fine Lines Wrinkled Rosacea Redness Dilated Capillaries  
Sun-Damaged Melasma Hyperpigmentation Sunburned/Windburned

What products are you currently using at home? (circle all that apply)

Cleanser Toner Serum Day Moisturizer SPF Eye Cream  
Night Moisturizer Scrub/Chemical Exfoliant Clarisonic Brush Mask  
Other \_\_\_\_\_

Please list any oral or topical **prescription** medications currently using and reason.

\_\_\_\_\_

Have you ever had any of the following? Chemical peel / Microdermabrasion / Laser  
If so, when? \_\_\_\_\_

Have you had facial waxing, threading, or laser hair removal in the past 3 days? NO/YES

Have you had Botox or Fillers within the last week? NO / YES

Do you have any allergies? NO / YES If yes, to what \_\_\_\_\_

Have you had any adverse reactions to anything? NO / YES If yes, to what? \_\_\_\_\_

Do you have a history of skin cancer? NO / YES

Are you currently undergoing chemo or radiation therapy? NO / YES

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PLEASE CONTINUE ON OTHER SIDE

FEMALE CLIENTS ONLY:

Are you taking birth control or hormone replacement therapy? NO/YES

Are you pregnant or trying to become pregnant? NO / YES Lactating? NO / YES

**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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:

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