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The Zen Den
Body and Skincare

1315 Main Ave
Suite 220

Client Consultation & Confidential Health History Form

Date:_____

Name:_____ Date of Birth:_____

Address:_____

Cell/Home Phone:_____

E-mail address:_____

Occupation:_____Does your job require that you work outdoors? N_____ Y_____

How did you hear about us/ who may we thank for referring you:_____

What would you like to achieve from your treatment today?

_____

Your Skin Care

1) Have you ever had a facial treatment before? N_____ Y _____, 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) What areas of concern do you have regarding your:

Skin: (Please check any that apply and explain)

Breakouts/acne	_____	Uneven skin tone	_____
Blackheads/whiteheads	_____	Sun Damage	_____
Excessive oil/shine	_____	Wrinkles/fine lines	_____
Rosacea	_____	Dull/dry skin	_____
Broken capillaries	_____	Flaky skin	_____
Redness/ruddiness	_____	Dehydrated	_____

Sun spot/liver spot/brown spot_____ Other_____

Eyes:

Dehydrated_____ Wrinkles_____ Puffiness_____ Dark Circles____

Other:_____

Lips:

Dehydrated_____ Cracked/Chapped lips_____ Other:_____

4) Do you have any special skin problems or concerns pertaining to your face or body? N_____ Y_____
specify:_____

5) Have you ever had chemical peels, laser or microdermabrasion in the last month? N___Y____, when:____

6) Do you use Retin-A, Renova, AHAs or Retinol/Vit A derivative products? N_____ Y____

describe:_____

7) Do you smoke? N_____ Y_____

8) How often do you drink: Never_____ Sometimes_____ Often_____, ____x a week

9) What is your stress level? High_____ Medium_____ Low_____

10) Do you have Hyperpigmentation (darkening of skin) or Hypopigmentation (lightening of skin) after physical trauma? N___ Y___, describe:_____

11) List your daily consumption of: Water_____ Caffeine_____

12) Do you wear contact lenses? N_____ Y_____

13) Do you have any metal implants or wear a pacemaker? N____ Y____

14) Have you used an acne medication? N_____ Y_____, when?_____ which drug?_____

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

Soap_____ Shower Gels_____

Toner_____ Body Lotions_____

Cleanser_____ Sunscreen_____

Eye Product_____ Exfoliator_____

Mask_____ Night Cream_____

Day Moisturizer_____ Other_____

Makeup Products_____

16) Are you on any medications? N____ Y____,

specify:_____

17) Have you had any recent tanning bed or sun exposure that changed the color of your skin? N___ Y___

specify:_____

18) Have you used any hair removal methods in the past week? N_____ Y____

19) Have you ever had an adverse reaction after using any skin care products? (Please circle)

RashIrritation Peeling Sun Sensitivity Breakout

20) Have you ever had an allergic reaction to any of the following? (Please circle any that apply & explain) If Yes, please explain:_____

Cosmetics	AHAs	Medicine	Aspirin
Shellfish	Animals	Latex	Sunscreens
Iodine	**Essential Oils**	Other_____	

21) Do you get cold sores? N_____ Y_____

22) Do you wear SPF on your face & body? N____ Y_____, how strong:_____ when:_____

23) Have you experienced Botox, Restylane or Collagen injections? N_____ Y_____

specify:_____

Female Clients Only:

Are you on birth control? N_____ Y_____, specify:_____

Any recent changes to or from your birth control? N____ Y____ If so, what and when:_____

Are you pregnant or trying to become pregnant? N____ Y_____

Are you experiencing menopause? N_____ Y_____

Are you undergoing any hormone replacement therapy? N_____ Y_____

Male Clients Only:

What is your current shaving system? Wet shave_____ Electric_____
Do you experience irritation from shaving? N_____ Y_____
Ingrown hairs? N_____ Y_____

Future Appointments/Contact:

May I call_____ text_____ or email_____ to confirm future appointments? Or None____
May I contact you via mail/email about future promotions/discounts and news? Y_____ N_____

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 skin care professional from liability and assume full responsibility thereof.

Client Signature:_____

Esthetician Name:_____

Esthetician Signature:_____