At Last…Salon & Day Spa
185 Park Row
Brunswick, Maine 04011
207-373-0751

Facial Client Questionnaire

Name ______________________________ Today's Date __________________

Address ______________________________ City ____________________

State __________________ Zip __________ Date of Birth ____________

Phone Home ______________________________ Work ____________________

Email: ______________________________

Do you wear contacts? Yes _____ No ______

Skin Care Questions

What products are you currently using?

A		D	
B		E	
C		F	

Lifestyle Questions

Do you smoke? _______________ Do you exercise regularly? Yes _______ No _______

If so, how often?_______________ If so, how often?_______________

What is your stress level? Low ________ Moderate ________ High _______

Are you currently on a restricted diet? Yes ________ No _________

List all medications and vitamins you take on a regular basis, and reasons for use:

____

____

Circle any of the following health problems you have had in the past or have currently:

Allergies
Heart Problems
External / Internal Cancer
Diabetes
High/Low blood pressure
Herpes Simplex (i.e: cold sores)
Metal bone, pins or plates

Asthma
Hepatitis
HIV
Epilepsy
Hormone Imbalance
Skin diseases
Other: ____

Headaches - chronic
Psoriasis
Eczema
Sinus Problems
Pacemaker

Are you allergic to:

Aspirin ________ Shellfish ________ Lactose ________ Aloe Vera __________

Latex ________ Nuts ________ Benzyl Peroxide ________ Sulfur __________

Do you have any open sores or abrasions? Yes ________ No _________

Have you had any cosmetic surgery in the past three months? Yes _______ No ______

If yes, what type? _______________________________________

Have you been under a physician's care in the past year? Yes _______ No ______

Female clients only

Are you currently taking oral contraceptives? Yes ________ No _________

Are you pregnant? Yes _________ No ________

Is your menstrual period due within the next week? Yes ________ No ________

General Questions

The following; please rank in order of importance, ***1-most important to 5-least important***

________ Reduction of fine lines
________ Reduction of brown spots / Sun Damage
________ Reduction of oil / acne
________ Acne scars diminished
________ Reduction of redness

Circle how you feel about the overall quality of your skin:
1 (bad) 2 3 4 5 6 7 8 9 10 (fantastic)

Skin Sensitivity Level

When you go in the sun, do you (circle one):

Always burn (I) **Usually Burn (II)** **Sometimes Burn (III)**

Rarely Burn (IV) **Very Rarely Burn (V)** **Never Burn (VI)**

Do you feel your skin is sensitive to certain products? Yes _______ No_______

Have you ever used Retin A? Yes _______ No ________

Have you ever used the acne drug Accutane? Yes ________ No ________

If so, how long have you been off of it? ___________________

Skin Type

You feel your skin type is?: (circle only one)
Normal **Dry/Dehydrated** **Oily** **Acne / Acne Prone** **Rosacea**

Do you ever experience skin breakouts? Yes _______ No ________

If so, how frequently? ____

Do you pick at any acne that you might have? _______________________

Skin Moisture / Hydration Level

How much plain water do you drink a day? _________________________

Do you ever experience tightness or flaking of your skin? Yes ________ No __________

Do you use a sun-protection when outdoors? Yes ________ No ________

Do you suffer from or have you ever experienced claustrophobia? Yes _______ No ________

If yes, would a towel lightly draped around your face bother you? Yes _______ No ________

Do you prefer massage pressure to be: Light ________ Medium ________ Firm ________

Anything else we should know about you?

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I understand that the services offered are not a substitute for medical care. I understand that the information herein is to aid the therapist in giving better service and is completely confidential. Professional consultation is required before initial dispensing of products. We require a 24 hour cancellation notice.

I fully understand and agree to the above salon policies.

____ ________________________

Client's Signature Date