



Client Consultation

Date: _____
Name: _____ Date of Birth: _____
Address: _____
Phone: _____ Email Address: _____
Occupation: _____ Referred by: _____

Skincare

- 1) Have you had a professional skin care treatment before? If yes, when? _____
- 2) What was your favorite part of the treatment? _____
- 3) Do you have any special skin concerns/goals pertaining to your face or body?
Specify: _____
- 4) Have you ever had any chemical peels, laser or microdermabrasion treatments?
___ No ___ Yes In the last month? ___
- 5) What skin care/cosmetic products are you currently using? _____
- 6) Have you used any hair removal methods in the past six weeks? If yes, what kind? _____
- 7) Have you recently had excessive sun exposure/ sun bed treatments? _____
- 8) What areas of concern do you have regarding your skin: (Please check all that apply)

___ Breakouts/acne	___ Uneven skin tone	___ Dermal redness/rosacea
___ Blackheads/whiteheads	___ Sun damage/sun spots	___ Dehydrated skin
___ Excessive oil/shine	___ Wrinkles/fine lines	___ Dull/dry skin
___ Broken capillaries	___ Flaky/peeling skin	___ Other: _____

Medical History

- 9) Please list any known allergies or skin irritants? (Please include ALL food, shellfish, animals, cosmetics, fragrance, pollen, etc) _____
- 10) Please indicate any medications you are currently taking (including topical & oral) _____
- 11) Have you ever used an acne medication? _____ when? _____ medication? _____
- 12) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/Vitamin A derivative products? If yes, Describe: _____
- 13) Have you experienced Botox, Restylane or Collagen injections in the past three months?
___ No ___ Yes
- 14) Are you pregnant/ planning to become pregnant or currently nursing? _____
- 15) Are you undergoing any hormone replacement therapy? _____

Lifestyle

- 16) Exercise habits: _____ 17) Ounces of water consumed daily? _____
18) Please rate your stress level: ___ High ___ Moderately High ___ Moderate ___ Low
19) Are you a smoker? _____ 20) Are you sleeping 6+ hours per night? _____
21) Are you currently taking any herbs/vitamins or supplements? _____

No Show/Cancellation Policy & Procedure

If you must cancel/reschedule your appointment, please notify Desert Botanics no less than 24 hours prior to your scheduled treatment. Those who fail to show up for scheduled appointments or do not provide proper notice will be assessed a no show fee applicable to 50% of scheduled services.

I understand, have read, and completed this questionnaire truthfully. I agree that this constitutes full disclosure and 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 & assume full responsibility thereof.

Patient Signature: _____ *Date:* _____

Desert Botanics | Treatment Notes

Fitzpatrick Type: I II III IV V VI

Allergies/Medications	
Specific Concern	
Skin Analysis	
Treatment Plan	
Product Recommendations	

Additional Notes:
