

LET'S GET TO KNOW EACH OTHER...

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Email: _____

Birthday: _____

Check the boxes that best describe your relationship with your skin:

- I'm breaking out- help!
- Sigh... my skin is always red or irritated.
- Wisdom is great, but I'm not a huge fan of these wrinkles.
- What are these dark spots and why aren't they going away?
- Never had a facial before. Can't believe I'm sitting here now.
- If it's not all-natural, it's not for me. Peace.

Topical Medications: Have you used any of these on your skin in the past 3 months?

- Retin A Tazorac
- Metrogel Cortisone
- Antibiotics Efudex
- Hydroquinone

Please list any other topical medications here:



Do you have any allergies?

- Yes No

If yes, please list here: _____

Have you ever taken Accutane?

- Yes No

If so, when? _____

Have you had a peel or used any exfoliants within the last 48 hours?

- Yes No

Have you waxed, threaded or used hair removal creams within the last 48 hours?

- Yes No

Do you use sunscreen on a daily basis?

- Yes No

♀ Are you currently pregnant or lactating?

- Yes No



Client Signature _____ Date _____

For teen clients under 18: I, _____ give permission for my child _____ to receive skincare services at Face Haus.

Parent Signature _____ Date _____

I confirm that the answers above are correct and I have not withheld any information that may be relevant to my treatments at Face Haus.