

**Advanced Electrolysis & Day Spa**  
*A Limited Liability Company*  
**Aesthetics Consultation Form**

Name: \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_ Text ok? Yes / No

Age: \_\_\_\_\_ Gender: M F TM TF Birthdate: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Are you under a Dr's care? Yes / No

Medications: \_\_\_\_\_

Are you on any of these skin care medications?

AHA / Glycolic Acid    Retin-A / Renova    Accutane    Differin

Illnesses/Disorders: \_\_\_\_\_

Which of the following best describes your skin type?

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| I. Always burns, never tans       | IV. Rarely burns, always tans       |
| II. Always burns, sometimes tans  | V. Brown, moderately pigmented skin |
| III. Sometimes burns, always tans | VI. Very dark pigmented skin        |

**Medical History**

Allergies	Yes / No	_____
Psoriasis	Yes / No	_____
Blood Disease	Yes / No	_____
Herpes Simplex	Yes / No	_____
Hepatitis	Yes / No	_____
Diabetes	Yes / No	_____
Carcinoma	Yes / No	_____
Circulatory Disorder	Yes / No	_____
Epilepsy	Yes / No	_____
Internal Defibrillator	Yes / No	_____
Pacemaker	Yes / No	_____
Metal Implant	Yes / No	_____
X-Ray Treatments	Yes / No	_____
Menopause/Hysterectomy	Yes / No	_____
Regular Periods	Yes / No	_____
Pregnant	Yes / No	_____
Birth Control	Yes / No	_____
Breast Feeding	Yes / No	_____

What are your specific concerns or challenges with your skin?

\_\_\_\_\_  
\_\_\_\_\_

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What skin care products are you currently using?

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Have you recently had a chemical peel, microdermabrasion, laser, injections, or other cosmetic procedures in the last month? Yes / No \_\_\_\_\_

Have you had any direct sun exposure in the last 48 hours? Yes / No \_\_\_\_\_

Are you prone to cold sores or fever blisters? Yes / No \_\_\_\_\_

Does your skin tend to be sensitive? Yes / No \_\_\_\_\_

Do you ever experience these conditions on your skin?

- Flakiness
- Tightness
- Obvious dryness

Are you currently using any products that contain the following ingredients?

- Glycolic acid
- Lactic acid
- Any exfoliating scrubs
- Any hydroxy acid product
- Vitamin A derivatives (i.e., Retinol)

You agree that the information provided is correct and accurate. You are responsible to tell the aesthetician of any changes to your health over the course of your treatment including changes in medication.

We value your time and schedule greatly. If you are late or need to leave early, you will have to pay for the full scheduled time. If you are needing to cancel or reschedule, there is a **24 hour notice requirement**. Failure to do so will result in charging you for the time not used.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Clinic Staff Only:**

Grandparents Ethnicity: \_\_\_\_\_

Fitzpatrick: \_\_\_\_\_

Last Exposed to UV? \_\_\_\_\_

Passive Tan? Yes / No

Self-tanning Lotion? Yes / No

Areas to be treated: \_\_\_\_\_