



FACIAL INFORMATION FORM

Please answer the following question so that our Estheticians may have a better understanding of your general health and lifestyle, enabling us to accurately analyze and access your unique skin care needs.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Have you ever had a facial before? Yes No If so, when? _____

What type of skin do you have?

Oily Skin Dry Skin Combination Acne Breakout Normal

What skin care products do you use?

Soap Cleanser Toner Masque Scrub/Peel Moisturizer Serum Sunscreen

Other _____

What temperature water do you use to cleanse with? Cool Warm Hot

Do you have any special skin care problems pertaining to your face and/or body? Yes No

If yes, please explain _____

Have you had any allergy reaction to any of the following?

Cosmetics Medicine Aspirin Fragrance Sunscreen Pollen Iodine Animal Food

Other _____

Do you burn easily in moderate sunlight? Yes No

Do you use Retin-A? Yes No

Do you wear contact lenses? Yes No

Have you had chemical peels before? Yes No

How much plain water do you consume daily? _____

How many alcoholic beverages do you consume per week? _____

How many caffeinated beverages do you consume a day? _____

Do you smoke? Yes No

Are you currently seeing a physician for a specific medical reason? Yes No

If yes, please explain _____

Do you currently take any medications or vitamins? Yes No

If yes, please specify _____

What are your skincare goals today? _____

If I experience any pain or discomfort during this session, I will immediately inform the esthetician so that the session may be adjusted to my level of comfort. I further understand that esthetics should not be considered as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that licensed estheticians are not qualified to diagnose, prescribe, or treat any physical or mental illness, and nothing that is said in the course of the session given should be construed as such. Because esthetics should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep Jera wellness and the Esthetician updated as to any changes in my medical profile and understand that there shall be no liability on Jera wellness and the esthetician's part should I fail to do so.

Esthetician Signature: _____

Client Signature: _____ Date: _____