



## Skincare Consultation

email completed form to [Skinapeelspartanburg@gmail.com](mailto:Skinapeelspartanburg@gmail.com)

Please fill out the following questions. All information shared is strictly confidential.

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hours of work per week: \_\_\_\_\_

What are your main goals for this visit?

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Describe your skin- any history of present acne, rosacea, melanoma, eczema, psoriasis, or other diagnosed skin conditions:

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Birth Control or hormone replacement history:

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Do you sleep well? \_\_\_\_\_ Hours of sleep per night? \_\_\_\_\_

How much time do you spend in the sun? \_\_\_\_\_

Any known allergies or sensitivities to any food, chemical, ingredient, animal, or substance?

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Please list any supplements or medications you take:

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How much water do you consumer per day? \_\_\_\_\_

Do you drink alcohol? If so, how much? \_\_\_\_\_

What is your skincare regimen- what products do you use, how often, etc.

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Do you wear make up? If so, what brands?

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How often do you get facials ?

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Have you ever been prescribed any form of retinoid acid (Retin-A, Accutane, etc.), antibiotic, corticosteroid, or hydroquinone for your skin? If so, how long did you take it?

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Have you ever had any medical procedures (microdermabrasion or chemical peels), or cosmetic procedures (botox, fillers) or plastic surgery? Please explain.

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Do you have any history of cancer, autoimmune, or chronic disease?

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What role does exercise/fitness/movement/sports play in your life?

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Please share an example of a typical day of your diet- breakfast, lunch, dinner, snacks, beverages, etc.

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