

Please print and fill out **The Consultation Card** and bring it along with you prior to your first session at Escape East. This information will not be shared with any other party aside from you and your therapist. This information will allow the therapist to plan the course of treatment and determine any contraindications to the service to be performed. Please see reason for **The Consultation Card** to learn why each question is asked and if you have any questions at all please call us. See you soon.

Client name _____

Client address _____

City _____ State _____ Zip _____

e-mail _____ @ _____

Telephone home () _____

Telephone cell () _____

Birthday _____ month _____ day

__under 21 __21-40 __31-40 __41-50 __51-60 __60+

How did you hear about Escape East Skin Studio?

Your health:

1. Within the last year, have you been under a dermatologist or physician's care?

__Yes __no

2. Within the last nine months, have you undergone any surgery?

__yes __no

3. Have you had any health problems in the past or present? __yes __no

If yes, please specify _____

3. List any medications, supplements, vitamins, diuretics, ect. That you take regularly.

5. Do you smoke? __yes __no

6. Do you exercise regularly? __yes __no

7. Do you follow a restricted diet? __yes __no

8. Do you wear contacts? __yes __no

9. Do you have metal implants, a pacemaker, or body piercings? __yes __no

10. Rate your level of stress on a scale of 1-4(1 being low, 4 high stresses). _____

Your skin:

11. Do you have any special skin problems pertaining to your face or body? yes no

If yes, please specify areas_____

12. What skin care products are you currently using?

Face soap cleanser toner moisturizer masque exfoliator eye products

Body soap shower gel scrubs oil body moisturizer depilatory self tanner

Exfoliation history:

13. Have you ever had chemical peels, microdermabrasion, or any resurfacing treatments?

yes no in the last month yes no

14. Do you use Accutane, Retin A, Renova, Adapalene or any other prescription skin products?

yes no in the last 3 months yes no

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

glycolic acid lactic acid exfoliating scrubs hydroxyl acid products

vitamin A derivatives (i.e. retinol)

Moisture hydration:

16. How much plain water do you consume daily?_____

17. How many alcoholic beverages do you consume weekly?_____

18. Do you ever experience these conditions on your skin?

flakiness tightness obvious dryness If yes, what areas_____

19. What SPF sunscreen do you use on your face?_____ body?_____

20. Do you sunbathe or use tanning beds? yes no

Capillary activity:

21. Do you burn easily in moderate sunlight? yes no

22. Do you blush easily when nervous? yes no

23. Do you have a tendency to redness? yes no

24. Do you ever experience skin breakouts? yes no

Oil secretion:

25. Do you ever experience oily shine during the day? yes no

26. Do you ever experience skin breakouts? yes no

Nerve activity:

27. Do you drink more than 4 caffeinated beverages daily? yes no

28. Do you ever experience a burning, itching sensation on your skin? yes no

29. What is your pain threshold? low medium high

30. Have you ever experienced claustrophobia? yes no

31. What type of massage pressure do you prefer? light medium firm

32. Have you ever has a reaction to any of the following?

cosmetics medicine iodine pollen food hydroxy acids animals fragrance

sunscreens any other_____

Female clients only:

33. Are you taking oral contraception? yes no

34. Are you pregnant or trying to become pregnant? yes no

35. Are you lactating? yes no

Male clients only:

36. What is your current shaving system electric wet

37. Do you experience irritation from shaving? yes no

38. Do you experience ingrown hairs? yes no

Questions to discuss every visit:

39. Are you currently having or due for your menstrual period? yes no

40. Have you started any new medication since your last visit? yes no

41. Have you had any recent dental x-rays? yes no

42. What are your skin care goals today?

This consultation card is to correctly evaluate your special skin care needs.

This information is CONFIDENTIAL and will not be passed on to a third party.

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment.

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any information that may be relevant to my treatment. The information has been reviewed and updated if needed as of January 1, 2011.

Client signature_____ date_____

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