



Skin Care Consultation Form

Name _____
Address _____ City _____ State ____ Zip _____
Phone # _____ Email Address _____
Birthday _____ How did you hear about us? Friend Google Facebook SpaFinder Other _____

How would you describe your skin? Normal Dry Oily Combination Sensitive

What concerns do you have with your skin or what would you like to prevent?

Fine Lines Dehydration Oil Control Rosacea Broken Capillaries Redness Sensitivity
Texture Sun Damage Acne Blackheads Scarring Eye Puffiness Eye Dark Circles

What is your skincare regimen at home?

Cleanse Tone Exfoliate Masque Serum Oils Moisturize Eye Care Lip Care SPF

Do you prefer a gentle or active exfoliant? Gentle Active

Do you prefer a matte, medium or dewy moisturizer? Matte Medium Dewy

Have you received or used any recent Waxing, Chemical Peels, Injectables, Accutane, Retinol or Retin-A?

Do you have any medical conditions or concerns that need to be brought to your Aesthetician's attention?

Please note that some Éminence Organic Skin Care masques and treatments cause a tingling, active, hot, nettle sensation for a short time while the herbs and spices are creating a stimulating effect. This is not an allergic reaction. This sensation will calm down and decrease to normal in 15-30 minutes, depending on the skin type. Your face will be rosy and red during the stimulating process, diminishing into a very healthy glow after about an hour. I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature _____ Date _____