# Facials Consultation Form

## Provided by Aesthetic Amore

### Client Information

|  |  |
| --- | --- |
| Full Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Skin History

|  |  |  |  |
| --- | --- | --- | --- |
| Condition | Yes | No | Comments |
| Sensitive skin or redness | ☐ | ☐ |  |
| Acne or blemishes | ☐ | ☐ |  |
| Dry or flaky skin | ☐ | ☐ |  |
| Oily or combination skin | ☐ | ☐ |  |
| Hyperpigmentation or uneven tone | ☐ | ☐ |  |
| Sun damage or tanning history | ☐ | ☐ |  |
| Rosacea or eczema | ☐ | ☐ |  |
| Allergies to skincare products or ingredients | ☐ | ☐ |  |

### Current Skincare Routine

|  |  |
| --- | --- |
| Cleanser used: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Moisturizer used: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SPF used (include SPF level): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Exfoliants or masks used: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other products (e.g., serums): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Treatment Goals

What are your primary concerns or goals for this facial treatment? (Tick all that apply)

|  |  |
| --- | --- |
| ☐ | Hydration |
| ☐ | Deep cleansing and exfoliation |
| ☐ | Anti-aging and fine lines |
| ☐ | Brightening and radiance |
| ☐ | Acne or blemish reduction |
| ☐ | Relaxation and stress relief |
| ☐ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Pre-Treatment Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Requirement | Yes | No | Comments |
| No active skin infections or open wounds | ☐ | ☐ |  |
| No recent chemical peels or exfoliation treatments (within 7 days) | ☐ | ☐ |  |
| No use of retinoids or active skincare (within 48 hours) | ☐ | ☐ |  |
| No recent sunburn or tanning | ☐ | ☐ |  |
| Skin is clean and makeup-free | ☐ | ☐ |  |

### Consent

|  |  |  |
| --- | --- | --- |
| Consent Statement | Yes | No |
| I confirm that I have provided an accurate medical and skin history. | ☐ | ☐ |
| I understand that facials involve the application of skincare products, including cleansers, masks, and serums. | ☐ | ☐ |
| I am aware of potential side effects such as redness, sensitivity, or temporary irritation. | ☐ | ☐ |
| I understand that regular treatments and adherence to aftercare will help maintain results. | ☐ | ☐ |
| I consent to photographs being taken for medical records (☐ Yes / ☐ No) and/or marketing purposes (☐ Yes / ☐ No). | ☐ | ☐ |

### Signatures

|  |  |  |
| --- | --- | --- |
| Client Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Practitioner Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Post-Treatment Instructions

• Avoid touching the treated area for 24 hours.  
• Use gentle, hydrating products and avoid active ingredients for 48 hours.  
• Apply SPF 30+ daily and avoid sun exposure for at least 7 days.  
• Avoid excessive sweating, swimming, or saunas for 48 hours.  
• Follow all aftercare instructions provided by the practitioner.