



Your paragraph text

Client Consultation Form

Client Information and Consent

Name	<input type="text"/>		
DOB	<input type="text"/>	Occupation	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Zip	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>

SKINCARE HISTORY

Yes No

- Do you have any experience with facial treatments or chemical peels? Yes No
- Do you use skincare products for acne and anti-aging? Yes No
- During the past 48 hours, have you used skincare products for treating surface wrinkles, improving skin texture and tone, unblocking and cleansing pores? Yes No
- Do you take medicine to reduce the amount of oil released by oil glands in your skin or have you taken it in the past? Yes No
- Do you use a tanning bed or are you exposed to the sun daily? Yes No

What skincare products are you currently using?

1. <input type="text"/>	4. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>

I am aware that it is my duty to submit truthful information.

I agree to the terms of service

Date

Signature

