



720.254.9234

8770 East Arapahoe Road  
Centennial, Colorado 80112

## Confidential Facial Questionnaire

Please Print

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

1. Have you ever had a profession facial? Yes\_\_\_ No\_\_\_
2. If yes, what did you like or dislike about the session? \_\_\_\_\_
3. If no, why are you interested in having a facial? \_\_\_\_\_
4. What are some of your goals today? \_\_\_\_\_
5. What special area of concern do you have? \_\_\_\_\_
6. Do you wear contact lenses? Yes\_\_ No\_\_  
If yes, are they: Hard \_\_\_ Soft \_\_\_\_\_
7. Do you take medications that cause your eyes to be dry or itch?  
If yes, what? \_\_\_\_\_
8. Are you currently taking Accutane or have you taken it in the past? Yes\_\_ No\_\_  
If yes, describe the course of treatment and how long \_\_\_\_\_
9. Do you have any health condition that may cause sensitivity in your skin or eye area?  
Yes\_\_\_ No\_\_\_  
If yes, what? \_\_\_\_\_
10. Do you have any allergies? Yes\_\_ No\_\_  
If yes, please indicate \_\_\_\_\_
11. Do you have allergies to skin care products? Yes\_\_ No\_\_  
If yes, please indicate \_\_\_\_\_
12. Do you smoke? Yes\_\_ No\_\_

I understand that the services offered are for educational purposes only. I fully acknowledge that I do not have any known allergies to skincare products. I authorize the aesthetician to perform a facial. She is free to discuss appropriate information to help me become well-informed concerning my skin health and condition.

### Love Skincare Center, LLC, Policies:

1. A full twenty-four hour cancellation notice is appreciated to avoid a 50% service charge.
2. Love Skincare Center does not issue cash refunds.
3. To better serve you, an initial consultation is required before dispensing any product.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

