KSAL BEAUTY AND SPA

Wiesbaden, Germany

FACIAL QUESTIONNAIRE **Today's Date:**

NAME:

BIRTHDATE:

ADDRESS:

PHONE:

EMAIL:

HAVE YOU BEEN VACCINATED? YES / NO

WHAT IS YOUR OCCUPATION?

FOR PROFESSIONAL USE

Do you have any children? YES NO If yes, how many? Age range?

Have you ever had a facial? YES / NO

Do you currently get regular facials? YES NO How often?

Do you have any current medical conditions? YES /NO

Please list:

Are you taking any topical or internal medications? YES ☐ / NO ☐

Have you had any cosmetic surgery? YES ☐ / NO ☐

Please list:

Do you smoke cigarettes? YES ☐ / NO ☐

Do you dress for the day? YES ☐ NO ☐

Do you wear make-up? YES ☐ / NO ☐

Do you shower in the morning or evening?

Do you change your clothes when you come home from work? YES ☐ / NO ☐

Skin care routine. List brands and frequency.

Cleanser: Milky ☐ / Foamy ☐ Scrub: Fine ☐ Coarse ☐

Toner: Serums: Eyes:

What are your goals for your skin? (in other words, when you look in the mirror, what do you wish?)

CLIENT ACKNOWLEDGEMENT

Client Print Name

Technician Print Name

Client Signature

Technician Signature

FOR PROFESSIONAL USE

Skin Analysis: DRY ☐ COMBO ☐ OILY ☐ [ATURE ☐ ACNE ☐

REACTIVE ☐

Dehydration: MILD ☐ MODERATE ☐ SEVERE ☐

Thickness: THIN ☐ MEDIUM ☐ THICK ☐

Do you get oily during the day? YES ☐ NO ☐

Do you keloid? YES. ☐ NO ☐

Do you react to products? YES ☐ NO ☐

List:

Do you have any allergies? YES ☐ NO ☐

If yes, please list:

Line Chosen and Results:

Date	Service	Notes	Reebok Date