

Esthetician and Skincare Consultation Template

Please complete this consultation form prior to your treatment. This information is confidential and will help customize your skincare treatment plan.

1. Personal Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Occupation:

2. Skin Analysis & Concerns

Your Primary Skin Concerns (e.g., Acne, Aging, Pigmentation, Dryness):

What is your skin type? (e.g., Dry, Oily, Combination, Normal, Sensitive):

Do you experience skin redness or sensitivity? (Yes/No, please describe):

How does your skin react to sun exposure? (e.g., Burns easily, Tans easily):

3. Current Skincare Routine

Daily Cleanser:

Toner / Exfoliant:

Serums / Active Ingredients:

Moisturizer:

Sunscreen (SPF level and brand):

Have you had any professional skin treatments in the last 4 weeks? (e.g., Peels, Lasers):

4. Health & Lifestyle

List any known allergies (especially to foods, cosmetics, or medicines):

Are you currently taking any prescription medications? (e.g., Accutane, Retin-A, Antibiotics):

Are you currently pregnant, nursing, or planning a pregnancy? (Yes/No):

Average daily water intake (e.g., in cups or ounces):

Do you smoke or use tobacco products? (Yes/No):

5. Client Consent & Signature

I confirm that the information provided above is accurate and complete to the best of my knowledge.

Client Signature: Date:

6. Esthetician Use Only

Skin Classification / Fitzpatrick Scale:

Recommended Treatment Plan:

Recommended Home Care Products:

Esthetician Signature: Date: