

# New Client Questionnaire

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Are you currently taking any medications or supplements?

\_\_\_\_\_

Have you ever used Accutane?

\_\_\_\_\_

Can I post photos of you on my media outlets?

\_\_\_\_\_

How would you describe your skin?

Oily:  Dry:  Combination:  Sensitive:

How would you describe your stress level?

Low:  Moderate:  High:

Do you have any health conditions I should be aware of? Do you have epilepsy, pace-maker or metal implants?

\_\_\_\_\_

Have you ever had a reaction to anything you've put on your face? If so, what products? Any allergies?

\_\_\_\_\_

Do you smoke?

Yes:  No:

## New Client Questionnaire Cont.

What treatments have you done for your skin in the last 90 days?

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What concerns you the most with your skin's appearance?

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Please list your current skincare routine with brand names:

<i>Morning Routine:</i>	<i>Evening Routine:</i>
Cleanser:	Cleanser:
Toner:	Toner:
Serum:	Serum:
Moisturizer:	Moisturizer:
SPF:	Oil:
Makeup:	Masks/DIY Treatments:

I, \_\_\_\_\_, give my authorization, and voluntarily release Ginnaea Galvan from any claims implied or stated that I have or may have in the future with this treatment, regardless of result.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_