

Client's name: _____



Skincare Consultation and Consent Form

How would you describe your skin?

(Circle any/all that apply)

Dry

Oily

Aging

Sensitive

Acne-prone

Pigmented

Dull

Clogged pores

Uneven texture

What is your reason(s) for your visit today?

What are your main skin related concerns?

What kinds of products are you currently using (brands, purposes, etc)?

When was your last professional skin care treatment? _____

Do you have any medical conditions or are you taking any medications that may interfere with your service today (if so, please list)? _____

Do you have any known allergies or sensitivities? If so, please list them...

What are your favorite essential oil fragrances?

Would you like to be added to Twin Valley Holistic Health and Wellness' mailing list to receive emails about products, services, and specials?

Phone number: _____

Email address: _____

Emergency contact name and number: _____

I am aware that Twin Valley Holistic Health and Wellness and its practitioners have informed me of any possible contraindications for this treatment. I give knowing consent to have skin care services performed here.

Client's signature

Date

