Anagen
Hair, Face & Body Solutions

CLIENT CONSULTATION FORM

Please fill out form, print and bring with you to your appointment.

Facility Name

Microdermabrasion

Personal Information

Date

Name

Date of Birth

Address

Telephone (H)

City

State

Zip

Telephone (W)

Email Address

Medical Information

Referred by

Name of Physician

Physician's Phone Number

Hair Color

☐ Blond ☐ Red ☐ Brown ☐ Light Brown ☐ Black

Eye Color

☐ Blue ☐ Green ☐ Hazel ☐ Brown ☐ Black

Skin Tone

☐ Pink ☐ Peach ☐ Olive ☐ Native American ☐ Hispanic
☐ Asian ☐ Black

Please select any health conditions you may have:

☐ Claustrophobia ☐ Diabetes ☐ Epilepsy
☐ Heart Disease ☐ High or Low Blood Pressure ☐ Pacemaker
☐ Herpetic Breakouts ☐ Frequent Sinus Infections ☐ Auto Immune Disorder

Are you Pregnant or Lactating?

☐ Yes ☐ No

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Please list all medications you take internally, including Thyroid, HRT/BCP, Coumadin, Aspirin Therapy, Accutane, Prednisone, Cortisone (when did you last take any of these medications?)

Please list all surgeries, including cosmetic

Please list any allergies or allergic reactions

What is your level of stress? (1 being low and 10 being high)

	1	2	3	4	5	6	7	8	9	10
	○	○	○	○	○	○	○	○	○	○

Lifestyle Information

Do you get 8 hours of sleep each night?

How much milk do you drink daily?

Vitamins or Mineral Supplements taken?

How much water do you drink daily?

Caffeine daily intake?

Are you a vegetarian?

Do you eat peanut butter?

Do you eat a lot of fish?

Do you salt your foods?

Do you exercise?

Do you suffer from PMS?

Have you experienced Menopause?

How much alcohol do you drink a day?

Do you/did you smoke?

How many packs a day?

When did you stop smoking?

What skin care products and cosmetics do you use?

Do these include Glycolic?

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How much sun exposure do you receive?

	A lot	Average	Minimal
	○	○	○

Do you suffer from any of the following problems?

- ☐ Whiteheads
- ☐ Blackheads
- ☐ Oily Complexion
- ☐ Acne
- ☐ Rosacea
- ☐ Eczema
- ☐ Psoriasis
- ☐ Fine Lines
- ☐ Wrinkles
- ☐ Age spots on hands
- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- ☐ Moles
- ☐ Broken Capillaries
- ☐ Warts
- ☐ Ingrown Hairs
- ☐ Dry Scalp
- ☐ Dehydration
- ☐ Cellulite

Have you ever experienced the following?

- ☐ Professional Facials
- ☐ Glycolic Peels
- ☐ Salicylic Peels
- ☐ Microdermabrasion
- ☐ Jessner's Peels
- ☐ Bodywraps
- ☐ Massage
- ☐ Endermologie
- ☐ Lash/Brown Tints
- ☐ Make-overs
- ☐ TCA Peels
- ☐ Medical Dermabrasion
- ☐ Waxing
- ☐ Laser Hair Removal

What do you hope to achieve from this consultation?

Please do not write below this line

Professional Observations

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Print Form