

CLIENT CONSULTATION SHEET

CLIENT NAME:

OCCUPATION:

EMAIL:

PHONE NUMBER:

AGE:

Use this sheet to record the information you receive during the consultation for your own reference.

Part 1:

CONCERNS AND GOALS

1. What would you like to achieve from your skincare consultation?

Clearing up blemishes

Reducing the appearance of existing signs of aging

Preventing future breakouts

Preventing signs of aging from appearing

Reducing the appearance of large pores

Reducing discoloration from acne scars

Reducing puffiness around the eyes

Finding products that don't irritate sensitive skin

Reducing dryness and flaky skin

Other: _____

Creating a naturally glowing complexion

Notes:

2. What is your skin type?

Oily

Dry

Combination dry

Combination oily

Normal

Don't know

Other comments: _____

Notes:

The following questions are for you to get a better understanding of your client's skin type, even if they claim to know it. Many people misjudge their skin type, so further questions and visual analysis will allow you to better assess your client's skin type.

3. Does your skin often feel dry, itchy, flaky or tight?

4. Does your skin often feel oily or greasy? Are you prone to blemishes or breakouts?

5. Do parts of your face feel oily and greasy, while others feel dry, itchy, flaky or tight?

6. Does your skin generally feel well-balanced with no major issues related to dryness or oiliness?

7. Does your skin often become red, itchy, flaky or painful when you try new products?

8. Have you been diagnosed with allergies, asthma, eczema, psoriasis or rosacea?

9. Have you ever been diagnosed with any other skincare condition? If yes, are you receiving medical treatment or taking a prescription for it?

Observations from visual skin analysis:

Part 2:

PRODUCT ASSESSMENT

1. What is your current skincare routine? (List products, usage, how long the client has been using these products for, etc.)

2. Which products do you like the most? Why?

3. Which products do you like the least? Why?

4. Are there any speciality products you use a few times a week or month?

5. Do you have a preference between natural and traditional skincare products? If you prefer natural products, how do you define 'natural skincare'?

6. Would you like your products to be cruelty-free or vegan?

7. Do you have any sensitivities or allergies to skincare ingredients?

8. Are there any ingredients you want to avoid? If yes, why?

PART 3:

SKINCARE ROUTINE

1. How many times a week do you perform your skincare routine?

2. How much time do you spend on your skincare routine?

Morning: _____

Night: _____

3. Are your mornings rushed or relaxed?

4. Are your nights rushed or relaxed?

5. Do you receive regular treatments from an esthetician? If yes, what treatments do you receive?

6. What is your budget for new skincare products?

7. How often do you experience irritation from using new skincare products?

Rarely to never

Occasionally

Frequently

8. Have you ever had allergic reactions, sensitivities, or irritation to any of the following?

Cosmetics

Medicine

Food

Fragrances

Latex

Sunscreens

Other: _____

Notes:

PART 4:

LIFESTYLE ASSESSMENT

9. Do you spend a lot of time outside?

10. Do you swim often?

11. Do you travel a lot?

12. Have you ever been tested for a dietary intolerance?