

Tachi Skin Care Facial Consultation Form

Date _____

Name _____ Date of Birth _____

Preferred Pronouns _____ Ethnicity _____

Address _____

Phone _____ Email _____

Occupation _____ Referred by _____

What would you like to achieve from your treatment today? _____

If you could change something about your skin, what would that be? _____

Have you ever had a facial before? _____ When? _____

How would you describe your skin? _____

Do you use any prescription skin care products? (Please name) _____

Have you ever had chemical peels or microdermabrasion? _____ When? _____

Do you use home care products containing retinols, ahas, or other chemical exfoliants? _____

Have you used acne medication? _____ When? _____ Which drug? _____

What skin care products do you currently use at home? _____

What areas of concern do you have with your skin?

Acne/breakouts

Oily/shiny

Rosacea

Broken capillaries

Redness/ruddiness

Sun spots/Brown spots

Uneven skin tone

Sun damage

Wrinkles/fine lines

Dull/dry skin

Flaky skin

Dehydrated

Other _____

Are you allergic to anything? _____

Have you ever had a negative reaction to a skin care product? _____

Do you use SPF on your face or body? _____ How often? _____ Which brand? _____

Do you tan or use tanning beds? _____

Have you experienced Botox, Restylane, or any other injections? _____ Which ones? _____

Females only:

Are you taking oral contraceptives? _____ Any recent changes to or from your contraceptive treatment? _____

Are you pregnant or trying to become pregnant? _____

Are you lactating? _____

Are you peri- or post-menopausal? _____ Any side effects? _____

Are you undergoing hormone replacement therapy? _____

Is there anything else you would like to add? _____

I understand, have read, and have completed this questionnaire truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindication and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Signature _____ Date _____

Please note that if you are completing this form on your computer and submitting it to Tachi Skin Care digitally (via email or uploading to the contact form at tachiskincare.com), you do not have to sign the form. We will ask you to sign it when you come in for your first visit.