GLOW MEDSPA

Your Name: _____ Date of birth: _____

Your Address: _____ Occupation: _____

Home Phone: _____

Cell Phone: _____

Email: _____

1. How do you wash your face? Soap ☐ Cleanser ☐
2. If soap, what brand? _____
3. If cleanser, what brand name? _____
4. Do you use a moisturizer? Yes ☐ No ☐
   If yes, how much? _____
5. Do you use Glycolic Acid on a regular basis? Yes ☐ No ☐
6. Have you or are you currently using Retin A? Yes ☐ No ☐
   If yes, please specify _____
7. Are you/ have you taken Accutane? Yes ☐ No ☐
   If yes, please specify _____
8. Are you presently taking any medication? Yes ☐ No ☐
   If yes, please specify _____
9. Do you ever have burning/ itching on your skin? Yes ☐ No ☐
10. Are you allergic to anything? Yes ☐ No ☐
    If yes, please specify _____
11. Do you experience redness/irritation often? Yes ☐ No ☐
12. Do you have heart trouble? Yes ☐ No ☐
13. Are you diabetic? Yes ☐ No ☐
14. Are you on a special diet? Yes ☐ No ☐
    If yes, please specify _____
15. Do you consume water daily? Yes ☐ No ☐
16. Do you drink coffee, tea or soda daily? Yes ☐ No ☐
    Coffee oz. ____ Tea oz. ____ Soda oz. ____
17. Do you exercise? Yes ☐ No ☐
    If yes, how often? _____
18. Have you ever had facial? Yes ☐ No ☐
    If yes, when was your last facial? _____
19. Do you give yourself a facial at home? Yes ☐ No ☐
    If yes, how often? _____
20. Please list cosmetics and skincare you are currently using:
    _____
    _____

Your signature: _____

1. Skin Texture
Thin ☐ Thick ☐ Medium ☐

2. Complexion color
Pink ☐ Olive ☐ Sallow ☐

3. Pigmentation
Even ☐ Uneven ☐ Birthmarks ☐
Heavy Freckling ☐ Some Freckling ☐

4. Facial Wrinkles
Deep Wrinkles ☐ Crow's Feet ☐
Fine Lines Through-out Face ☐

5. Broken Capillaries
Nose Area ☐ Cheek Area ☐
Chin Area ☐ Nose ☐ Forehead ☐

6. Condition
Pimples ☐ Whiteheads ☐
Flakiness ☐ Acne Scars ☐ Blackheads ☐

7. Your Skin Type
Oily ☐ Combination ☐
Dry ☐ Dehydrated ☐ Pale ☐
Sensitive ☐ Mature ☐
Problem Acne ☐ Couperose ☐
Sun Damaged ☐ Rosacea ☐

8. Muscle tone
Good ☐ Fair ☐ Fallen ☐

Comments/Recommendations	AM	PM	Recommended Facials
Cleanse			
Tone			
Hydrate and Protect			
Mask			
Special Night Treatment			