



Rejuvenation Medical Spa

Client Information:

Last Name: _____ First: _____ MI: _____

Birthdate: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Referred By: _____

In Case of Emergency Contact: _____ Phone: _____

Skin Questionnaire:

How would you describe your skin?

DRY NORMAL OILY COMBINATION ACNE PRONE SENSITIVE

What products are you currently using on your skin? _____

Are you happy with your current skin care program? _____

Do you wear sunscreen on a daily basis? _____

What are your skincare concerns? _____

Do you exfoliate your skin regularly? _____

What ultimate results do you want to achieve for your skin? _____

Have you ever received professional skin/facial treatments? If yes, please describe these treatments? _____