



PROFESSIONAL SKINCARE

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Client History

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Street Address: _____

City, State, Zip: _____

Shipping Address: _____

Esthetician's Name / Business: _____

Please list all skin care products you currently use including makeup:

Do you smoke? _____ Are you pregnant? _____

Are you taking birth control pills? _____ If so, what brand / type? _____

Hormone replacement? _____ If so, synthetic or biomemetic? _____

Have you had skin cancer? _____ If so, describe? _____

Do you have persistent acne? _____ Experience frequent breakouts? _____

Do you have any allergies to cosmetics, foods or drugs? _____ If so, please list:

Are you presently taking oral or topical medications? _____ If so, please list:

Please describe any important health condition you have currently.

Any other skincare concerns or issues you feel are worth mentioning?

Are you presently under a physician's care for any current skin condition or other problem? _____

If so, please describe:

I understand that the products and services offered are not a substitute for medical care and any information provided by 302 Professional Skincare or the esthetician is for education purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the esthetician in giving better service and is completely confidential.

I fully understand and agree to the above policies.

Signature: _____ Date: _____