SEGO LILY SPA

SKIN CARE CONSULTATION FORM

NAME: _____ **DOB:** _____ **TODAY'S DATE:** _____

PHONE: _____ **CALL OR TEXT** (circle one) **EMAIL:** _____

RETURNING GUESTS | Any changes in your health or medication since your last visit? ☐ YES ☐ NO

If yes, please explain: _____

WHAT ARE YOUR TOP 3 SKINCARE CONCERNS:

1 _____ 2 _____ 3 _____

WHAT DO YOU LOVE ABOUT YOUR SKIN?

_____

WHAT IS YOUR TIMELINE FOR ACHIEVING YOUR SKIN CARE GOALS:

_____

SKIN TYPE: ☐ Dry ☐ Oily ☐ Combination ☐ Sensitive ☐ Normal

SKIN CONDITIONS: (please check all the items below that pertain to you)

☐ Skin Infection	☐ Herpes (cold sores)	☐ Keloids / Excessive Scarring	☐ Sun Sensitivity
☐ Skin Cancer	☐ Poor Healing	☐ Tattoos / Permanent Makeup	☐ Easy Bruising
☐ Eczema	☐ Psoriasis	☐ Lymph Nodes Removed	☐ Diabetes

WHAT IS YOUR SKIN CARE ROUTINE:

If using, please list brand / type and how often (AM/PM) (Daily/Weekly/Monthly). If not using, please leave blank.

☐ Cleanser _____	☐ Toner _____
☐ Exfoliant _____	☐ Serum _____
☐ Mask _____	☐ Eye _____
☐ Moisturizer _____	☐ SPF _____

What do you like/dislike about your skin care routine? _____

_____

FOR ESTHETICIAN USE ONLY:

PERSONALIZED TREATMENT PLAN	RECOMMENDED SERIES / FREQUENCY
_____	_____ every _____ weeks
_____	_____ every _____ weeks
_____	
_____	HOMECARE & MAINTENANCE
_____	AM _____ PM _____
_____	AM _____ PM _____
	AM PM

AREAS OF CONCERN

By sharing how you see yourself, we can best evaluate your goals and help you select appropriate services for optimal results.

EYES

- ☐ Dark Circles
- ☐ Crows Feet
- ☐ Eye Bags
- ☐ Inadequate Lashes
- ☐ Fine Lines & Wrinkles

MOUTH

- ☐ Vertical Lip Lines
- ☐ Nasolabial Folds

DÉCOLLETÉ

- ☐ Pigmentation
- ☐ Fine Lines & Wrinkles

SCALP

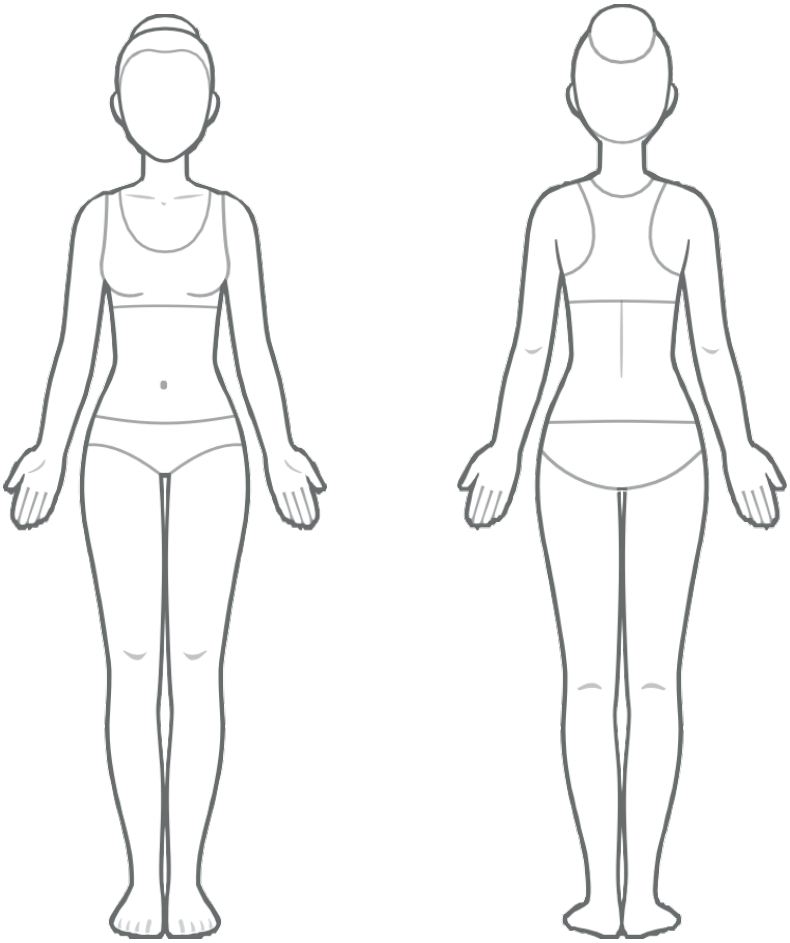
- ☐ Hair loss and/or thinning
- ☐ Dry Scalp / dandruff

SKIN CONCERNS

- ☐ Elasticity & Firmness
- ☐ Congestion
- ☐ Acne / Scarring
- ☐ Redness
- ☐ Texture / Pore Size
- ☐ Dehydration

NECK

- ☐ Under chin fat
- ☐ Elasticity & Firmness



BODY

Circle or mark areas of concern

- ☐ Elasticity & Firmness
- ☐ Age / Sun / Brown Spots
- ☐ Stretch Marks
- ☐ Scarring
- ☐ Cellulite
- ☐ Skin Texture
- ☐ Unwanted Hair

ANY OTHER CONCERNS OR ISSUES YOU WOULD LIKE US TO KNOW:

_____

_____

_____

_____

_____

_____

_____