



**INDIRA**

AVEDA | LIFESTYLE SALON SPA

## Skin Care Questionnaire

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Want to receive e-deals? \_\_\_\_\_

Emergency Contact (Name/Relation/Phone Number)

\_\_\_\_\_

Occupation \_\_\_\_\_ Sports/Hobbies \_\_\_\_\_

How did you hear of Indira Salon & Spa? \_\_\_\_\_

Primary reason for your appointment today? \_\_\_\_\_

Have you received a facial before? \_\_\_\_\_ How often? \_\_\_\_\_

Did you receive and achieve the results you were looking for? \_\_\_\_\_

Please list three things you would like to change about your skin?

\_\_\_\_\_

Indicate which skin concerns are most important for you to be addressed today:

Sensitive

Dry/Dehydrated

Flaky

Oily/Blemished

Clogged Pores

Aging/Mature

What other spa/body services have you received? \_\_\_\_\_

What other spa/salons have you visited? \_\_\_\_\_

Indicate any services you would like to add onto your service today:

Extractions	Brow Wax	Facial Waxing	Botanical Hair & Scalp Treatment
Perfecting Plant Peel	Brow/Lash Tint	Revitalizing Eye Treatment	Hand/Foot Masque

Indicate any services you would like to learn more about:

### Hair

Botanical Hair & Scalp Treatment  
Aveda Haircolor  
Haircuts  
Waving  
Special Styling  
Straightening  
Extensions

### Skin Care

Perfecting Plant Peel  
Botanical Resurfacing Facial  
Back Facial  
Extractions

### Massage/Body

Fusion Stone Massage  
Deep Tissue Massage

### Reflexology

Chakra Massage  
Pre-Natal Massage  
Couples Massage  
Caribbean Rituals  
Vichy Shower  
Body Wraps  
Reflexology

### Waxing

Brow Wax  
Brazilian Bikini Wax  
Body Waxing

### Nails

Hand/Foot Masque  
Manicures  
Pedicures

### Makeup

Revitalizing Eye Treatment  
Brow/Lash Tinting  
Makeup Lesson

### Miscellaneous

Sunless Bronzing  
Ear Candling  
Gift Cards  
E-Deals  
Bridal  
Career Opportunities  
Aveda Rewards  
Lifestyle Rewards

Would you like to receive a complimentary makeup touchup after your service? \_\_\_\_\_

What products are you currently using?

Cleanser \_\_\_\_\_ Exfoliant \_\_\_\_\_ Toner \_\_\_\_\_

Moisturizer \_\_\_\_\_ Treatment \_\_\_\_\_ Body \_\_\_\_\_

Makeup \_\_\_\_\_ Sunscreen \_\_\_\_\_

Do you have any allergies or sensitivities to aromas or products? What? \_\_\_\_\_

Indicate any products you would like to learn more about:

Body Care	Shave Care	Hair Care	Personal Blends Hair & Body Products
Skin Care	Aveda Pure-Fume™	Sun Care	
Essential Oils	Air Care/Candles	Makeup	Nail Care

Indicate any aromas that you like:

Minty	Sweet/Spicy	Woody	Green
Floral	Citrus	Herbaceous	Oriental

Please indicate your consumption level:

**Salt**

None    Low    Average    High

**Alcohol**

None    Low    Average    High

**Sugar**

None    Low    Average    High

**Water**

None    Low    Average    High

**Caffeine**

None    Low    Average    High

**Exercise**

None    Low    Average    High

**Tobacco**

None    Low    Average    High

**Stress**

None    Low    Average    High

Do you expose your skin to the sun outdoors? \_\_\_\_\_ Level of SPF you use? \_\_\_\_\_

Do you currently visit tanning beds? \_\_\_\_\_ How often? \_\_\_\_\_ Where? \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_\_\_ Doctor \_\_\_\_\_

Explain \_\_\_\_\_

List medications/supplements \_\_\_\_\_

Any other health concerns we should be aware of? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ How many months? \_\_\_\_\_ Any complications? \_\_\_\_\_

Please Explain \_\_\_\_\_

We believe you will achieve better skin care results with self-maintenance. You will receive a prescription pad recommending products for your home use. What skin care/body products do you need to replenish today?

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\* For the courtesy and relaxation of all spa guests please turn off cell phone.

\* No children under the age of 13 are allowed in the spa.

\* Service times are approximate & include time for consultation & changing.

\* Gratuities are not included and are always appreciated. Thank You!

I understand that adverse side effects such as skin irritation could occur as a result of receiving this service and do not hold Indira or its technicians responsible.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_