



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?

* 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 _____