

Velvet Day Spa

5191 S. Yosemite Street, Suite B
Greenwood Village, CO 80111
(303) 577-9977
www.velvetdayspa.com

Skincare Consultation Card

Name: _____ Date of Consultation: _____
Address: _____ Apt/Unit: _____
City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____
Cell: _____
Email: _____ Birthday: _____

Age: Under 21 21 - 30 31 - 41 42 - 50 Over 50

Referral Source: _____

Do you have any health problems? Yes No
If yes please explain: _____

Have you used any of the following within the past month?

Retinoic Acid Glycolic/Salicylic Acid Hydroquinone

Are you pregnant? Yes No
Are you on hormone therapy? Yes No
Are you on birth control pills? Yes No
Do you have a history of sun allergies? Yes No

Have you ever had a skin allergy to a cosmetic or skin care product? Yes No
If yes from what? _____

Do you have a history of reactions to peels? Yes No
If yes please explain: _____

With sun exposure does your skin:

Always burn Usually burn Rarely burn Never burn

Do you have brown spots? Yes No
If yes how long have you had them? _____

Do you have any history of acne or periodic breakouts? Yes No
If yes check all that apply:

Pimples Whiteheads Blackheads Cysts Pustules

Are you on any medication to control acne? Yes No
If yes what kind? _____

Velvet Day Spa

5191 S. Yosemite Street, Suite B
Greenwood Village, CO 80111
(303) 577-9977
www.velvetdayspa.com

Does your skin ever flake or feel tight and dry?

Frequently Occasionally Very Rarely

How soon after you cleanse do you see a shine on your face?

15- 60 minutes 1- 3 hours + 4 hours

Have you recently had Botox, laser resurfacing, or cosmetic surgery? Yes No

If yes please explain: _____

Does your skin heal quickly? Yes No

Have you formed thick or raised scarring (keloid) from a cut or burn? Yes No

Do you wax or use depilatories on your face? Yes No

Do you ever get cold sores? Yes No

List any medications/supplements you take on a regular basis: _____

What conditions do you wish to improve? _____