

SHANTI CLIENT INFORMATION

Name: _____ Age: _____ Date: _____
Address: _____ Telephone: _____
How did you hear about us? _____

SKIN INFORMATION

What would you like to improve about your skin?

Skin___Clogging___Discoloration___Dullness___Dryness___Fine Lines ___
Wrinkles___Scars___Other _____

Are you under the care of a dermatologist? If yes, why? _____

Are you taking any medications? If yes, why? _____

Do you have any allergies? If yes, what kind? _____

Do you have any medical conditions? If yes, please list. _____

Are you pregnant? Yes___ No ___

What products do you currently use on your skin? _____

What skin care treatments have you had in the past? _____