

Esthetician
Questionnaire

Spa Belle Meade
The Medical Spa

1 79 Belle Meade Road ~ Suite 2 ~ East
Setauket, NY 11733
(631) 751 2693 ~ FAX (631) 751 4428

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Marital Status: Single Married

Preferred Appointment Day and Time: _____

Referred By: Name: _____

Yellow Pages Ad Sign Other: _____

What are your long-term skin care goals? _____

What are your goals for this treatment? _____

Present Symptoms (What is your major complaint or condition you want to improve?): _____

What activities / products have you used to address this condition? _____

What activities / products aggravate the condition? _____

What activities / products improve the condition? _____

Are you under medical / therapeutic treatment? Yes No
If yes, for what condition? _____

Please list your care provider's name and phone number: _____

List any medications (including aspirin) and nutritional supplements you are taking: _____

Specify any known allergies: _____

Please list any additional comments regarding your skin care or general well-being: _____