

GUEST NAME

DATE

# AVEDA THE ART AND SCIENCE OF PURE FLOWER AND PLANT ESSENCES elemental nature<sup>SM</sup> questionnaire

## How would you describe your skin?

NORMAL



DRY



OILY



## What is your primary concern with your skin?

SHOW ME WHERE YOU WOULD LIKE TO SEE IMPROVEMENT

FINE LINES AND / OR SIGNS OF AGING



DISCOLORATION AND DARK SPOTS



ACNE, BREAKOUTS, AND / OR CONGESTION



MAINTAIN HEALTHY-LOOKING SKIN



SKIN SENSITIVITY



## What products are you currently using?

## What is most important to you when choosing your skin care products?



<b>Show me where you feel tension or tightness in your body:</b>	LOWER BACK / HIPS LEGS / FEET	TORSO / MID-BACK ARMS / HANDS	HEAD/NECK/SHOULDERS UPPER CHEST
<b>How is your energy level today?</b>	HIGH / SPORADIC	MODERATE / CONSISTENT	LOW / SLUGGISH
<b>In general, how is the stress in your life?</b>	HIGH	MODERATE	LOW
<b>How do you experience stress?</b>	ANXIETY / WORRY NERVES	ANGER / IRRITABILITY FRUSTRATION	WITHDRAWAL / DEPRESSION

Have you had any facial medical procedures?

Have you had any recent illness, injuries, surgeries, or broken bones? Do you have any allergies or sensitivities?

Are you currently under the care of a medical professional?

Are you currently taking any medications or supplements?

**Female Guests** – Are you pregnant? If yes, what week? Have you had any complications or have you been told you have a high risk pregnancy?

Are there any other health or other medical concerns of which I need to be aware?

What expectations do you have for your treatment today?

What was your favorite part of your last facial or massage?

What was your least favorite part of your last facial or massage?

CLOSING STATEMENTS

Based on what you told me, today we will focus on the following:  
(TELL THE GUEST THE TECHNIQUES, PROCEDURES, AND OR PRODUCTS YOU WILL USE TO CUSTOMIZE THE TREATMENT)

I am here to nurture you, if you are feeling any discomfort whatsoever with temperature, pressure or anything else, please feel comfortable letting me know.

\_\_\_\_\_  
GUEST NAME

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
EMAIL

It is my choice to receive massage therapy, spa therapy and / or esthetic treatments. I understand that any information given is strictly confidential and will be used for no other purpose than to assist the massage therapist and / or esthetician in providing a suitable treatment which would take into consideration to my specific requirements. I also understand that failure on my part to disclose information could result in injury and/ or illness and I hereby release the spa, Aveda Corporation and its parent company from any claims resulting from such. Any information provided to me by the massage therapist and or esthetician is for general educational purposes only and is not intended for any medical purpose.

\_\_\_\_\_  
SIGNATURE