Holistic Hands

Bespoke Facial Oil Consultation

Name:

Address:

Phone:

Email:

Occupation:

What's your usual skin care routine?

Do you have a good diet? yes/ no

Do you take medication?

Do you take supplements?

What's your alcohol consumption?

Do you smoke?

How much tea/ coffee a day?

Describe your skin? Give me as much information as possible please.

What's your main skin concern?

What's do you want to improve with your skin?

Do you have any of the following skin conditions?

Thread veins?

Cysts?

Rosacea?

Psoriasis/ eczema?

Botox, fillers?

Allergies?

Super sensitive skin?

Acne

Redness?

Fine lines or wrinkles?

How do you sleep?

Do you ever feel anxious?

I hereby acknowledge that Dee is making a bespoke face oil to treat my individual needs and I give my consent.

Signed:

Date:

Therapist signature: *Dee Mellon*