Dr. Lisa James
FUNCTIONAL MEDICINE & NUTRITION

Functional Skin Wellness Consultation Intake Form

Thank you for your interest in a Functional Skin Wellness Consultation. This questionnaire will help me better understand your skin concerns, current skincare routine, and lifestyle so I can recommend Oliveda products that best support your skin health goals.

I believe healthy skin reflects more than what we apply topically—it is also influenced by nutrition, hormones, gut health, inflammation, stress, and lifestyle. I recommend Oliveda products because they are formulated with high-quality, antioxidant-rich olive tree extracts and botanical ingredients selected to nourish the skin, and support the skin's natural health and barrier function.

Important Note

I am a Doctor of Functional Medicine (DFM, PhD), not a licensed aesthetician or dermatologist. My recommendations are based on a functional medicine approach that considers nutrition, lifestyle, hormones, gut health, inflammation, and overall wellness in addition to your skincare goals.

This consultation is intended to help identify skincare products that may support healthy skin. It is not intended to diagnose, treat, or manage medical skin conditions. If you have a persistent or concerning skin condition, I recommend consulting a licensed dermatologist or your healthcare provider.

Client Information

Date: _____

Name: _____

Email: _____

Phone: _____

DOB: _____ **Age:** _____

Dr. Lisa James
FUNCTIONAL MEDICINE & NUTRITION

What are your primary skin concerns?

(Check all that apply.)

☐ Dry/Dehydrated skin

☐ Oily skin

☐ Combination skin

☐ Sensitive skin

☐ Fine lines

☐ Deep wrinkles

☐ Loss of firmness

☐ Dull complexion

☐ Uneven skin tone

☐ Redness or Rosacea

☐ Acne

☐ Occasional breakouts

☐ Enlarged pores

☐ Dark circles

☐ Puffy eyes

☐ Other: _____

Dr. Lisa James
FUNCTIONAL MEDICINE & NUTRITION

What are your top three skin goals?

1. _____
2. _____
3. _____

How would you describe your skin?

☐ Very Dry

☐ Dry

☐ Normal

☐ Combination

☐ Oily

☐ Sensitive

☐ Unsure

Dr. Lisa James
FUNCTIONAL MEDICINE & NUTRITION

Tell me about your current skincare routine

Morning

Cleanser: _____

Serum: _____

Moisturizer: _____

Other: _____

Evening

Cleanser: _____

Serum: _____

Moisturizer: _____

Retinol or treatments: _____

Other: _____

☐ **I don't have a skincare routine**

Dr. Lisa James
FUNCTIONAL MEDICINE & NUTRITION

Have you used any of the following?

☐ Oliveda

☐ Medical-grade skincare

☐ Retinol/Retinoids

☐ Vitamin C Serum

☐ Peptides

☐ Other _____

☐ None

Lifestyle

How much water do you drink daily?

☐ Less than 40 oz ☐ 40–60 oz ☐ 60–80 oz ☐ More than 80 oz

Average sleep:

☐ Less than 5 hours ☐ 5–6 hours ☐ 7–8 hours ☐ More than 8 hours

Stress level:

☐ Low ☐ Moderate ☐ High

Exercise:

☐ Rarely ☐ 1–2 days/week ☐ 3–4 days/week ☐ 5+ days/week

Dr. Lisa James
FUNCTIONAL MEDICINE & NUTRITION

Nutrition

How would you describe your diet?

☐ Mediterranean

☐ Whole Food

☐ Standard American

☐ Vegetarian

☐ Vegan

☐ Keto

☐ Paleo

☐ Other _____

Do you eat vegetables daily?

☐ Yes

☐ No

Do you regularly consume healthy fats?

☐ Yes

☐ No

Dr. Lisa James
FUNCTIONAL MEDICINE & NUTRITION

Health History

Have you ever been diagnosed with any of the following?

☐ Autoimmune disease

☐ Thyroid disorder

☐ Diabetes

☐ Insulin resistance

☐ PCOS

☐ Menopause/Perimenopause

☐ Digestive disorders

☐ Rosacea

☐ Eczema

☐ Psoriasis

☐ Other _____

Allergies or Sensitivities

Do you have any allergies or known sensitivities to skincare ingredients?

_____

_____

Dr. Lisa James
FUNCTIONAL MEDICINE & NUTRITION

Current Supplements

Please list any supplements you currently take that support your health or skin.

_____

_____

_____

Medications

Please list any prescription medications that may affect your skin.

_____

_____

_____

Client Signature: _____

Date: _____