



## Welcome

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Referred By: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ May we communicate by text? \_\_\_\_\_

Email address: \_\_\_\_\_ May we email you? \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Does your job require that you work outdoors? ·No ·Yes

### List all medications and supplements:

### Please check any condition that you currently have or have had in the past:

·Heart Problem ·Diabetic ·HIV ·Lupus ·Hepatitis ·Auto Immune Disease ·Bruise Easily  
 ·Poor Wound Healing ·Asthma ·Eczema ·Psoriasis ·Vitiligo ·Keloid Scar ·High Blood Pressure  
 ·Pacemaker or Implanted Defibrillator ·Metal Implant ·Seizure ·Epilepsy ·Anxiety ·Depression  
 ·Hyper Thyroid ·PCOS ·Permanent Makeup ·MS ·ALS ·Bell's Palsy ·Cold Sores ·Shingles

### Skin History

1) Which of the following best describes your skin when exposed to the sun for 30 minutes & no SPF:

- Always burns easily, never tans with very pale skin tone (Fitz I)
- Always burns, tans with a hint of color with very pale skin tone (Fitz II)
- Burns initially, tans gradually with light skin tone (Fitz III)
- Can burn and can tan with olive/gold skin tone (Fitz IV)
- Rarely burns with brown skin tone (Fitz V)
- Rarely burns with very deeply pigmented skin tone (Fitz VI)

2) Do you have any special skin problems or concerns pertaining to your face or body? ·Yes ·No

If yes, please specify: \_\_\_\_\_

3) Have you ever had chemical peels, laser or microdermabrasion? ·No ·Yes

In the last month? ·No ·Yes If yes, please describe: \_\_\_\_\_

4) Do you use Retin-A, Renova, Hydroquinone, Hydroxyl Acid or Retinol/vitamin A derivative products?

·No ·Yes If yes, please describe: \_\_\_\_\_

5) Have you used an acne medication? ·No ·Yes When? \_\_\_\_\_ What type? \_\_\_\_\_

6) What skin care products are you currently using? (List brand) \_\_\_\_\_

7) Have you recently used any self-tanning lotions, creams or treatments ·No ·Yes

Please specify: \_\_\_\_\_

8) What areas of concern do you have regarding your skin? Check all that apply

·Breakouts/acne ·Blackheads/whiteheads ·Excessive oil/shine ·Rosacea ·Dehydrated skin

·Broken capillaries ·Redness/ruddiness ·Sun spot/liver spot/brown spot ·puffiness ·dark circles

·Uneven skin tone ·Sun damage ·Wrinkles/fine lines ·Dull/dry skin ·Flaky skin

Other \_\_\_\_\_

9) What SPF do you use on your face? \_\_\_\_\_ How often? \_\_\_\_\_

10) In the last 2 weeks, have you had injections of ANY TYPE to the face? ·No ·Yes

Please specify: \_\_\_\_\_

**Allergies**

Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain)

·Cosmetics ·Medicine ·Food ·Animals ·Sunscreens ·Iodine ·Pollen ·AHA

·Fragrance ·Salicylic Acid ·Shellfish ·Latex ·Drugs ·Sun ·Numbing agents

**KNOWN DRUG ALLERGIES:** \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Female Clients Only:**

18) Are you taking oral contraceptives? ·No ·Yes

Please specify: \_\_\_\_\_

19) Any recent changes to or from your contraceptive treatment? ·No ·Yes If so, what and when:

\_\_\_\_\_

20) Are you pregnant or trying to become pregnant? ·No ·Yes

21) Are you lactating? ·No ·Yes

22) Any menopause problems? ·No ·Yes

Please specify: \_\_\_\_\_

23) Are you undergoing any hormone replacement therapy? ·No ·Yes

Please specify: \_\_\_\_\_

**I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or complications from your treatment that may be irreversible. The treatments I receive here are voluntary and I release this institution, all employees and contractors from liability and assume full responsibility thereof.**

**Client Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Physician Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_