Client Information

Name: ______________________________ Age: ____________ Date: ____________________

Date of Birth: __________________ Email Address: ______________________________________

We send emails about every other month to notify our clients of special offers & events. If you would prefer **not** to receive these emails, check here _____

Home Phone: ____________________________ Cell Phone: ______________________________

Address: ____

____

Preferred method of contact: ____

Emergency contact name & number: ____

Whom may we thank for referring you to us? ____

Medical History

Please list all medications you are currently taking (*including over the counter medications,vitamins & herbs*):

____

____

Please list any previous surgeries you have had: ______________________________________

Please list any allergies you have to medications: _____________________________________

Do you have skin-related allergies?____

Have you ever had an allergic reaction to anesthesia? __________________________________

How much water do you drink on an average day? ______________________________________

How much alcohol do you consume? ____

Do you smoke? __________________ If yes, how much? _______________________________

How high is your sun exposure? ____________ Do you use sunscreen? ________ What is the SPF? ________

What type of problem are you here for today? ____

How long have you noticed this problem? ____

Have you ever been treated for this problem and if so, by what method? ____________________

Have you had other skin treatments in the past? ______________________________________

My interest in skin care treatment is primarily for (ie: skin rejuvenation, acne, scarring, dark pigment, etc.)

____

My specific areas of concern are (ie: eyes, forehead, etc): ______________________________

What is your skin type?

_____ Very white or freckled. Always burn on exposure to summer sun. (Fitzpatrick I)
_____ White. Usually burn on exposure to summer sun. (Fitzpatrick II)
_____ White to olive. Sometimes burn on exposure to summer sun. (Fitzpatrick III)
_____ Brown. Rarely burn on exposure to summer sun. (Fitzpatrick IV)
_____ Dark brown. Very rarely burn on exposure to summer sun. (Fitzpatrick V)
_____ Black. Never burn on exposure to summer sun. (Fitzpatrick VI)

Do any of the following conditions relate to you? Please make an X in the appropriate box:

Yes	No	
		Accutane or other similar medication
		Autoimmune disease, HIV, Lupus
		Bleeding disorder, Easy bruising
		Blood thinners - Aspirin, Coumadin, Warfarin, Eliquis, Xarelto, Pradaxa
		Breast feeding, Pregnancy
		Cancer or post-cancer treatments (chemotherapy or radiation)
		Chemical sun tanning lotions, Spray tan
		Cold sores or Fever blisters
		Contact lenses
		Cortisone or steroid injections
		Cosmetic injections, fillers, or implants (ie: Botox, Restylane, Juvederm, Radiesse, Sculptra)
		Diabetes
		Eczema, psoriasis
		Epilepsy, Seizure disorder
		Facial waxing services or Electrolysis within the last 7-14 days
		Heart disease: previous heart attack, congestive heart failure, irregular heartbeat, leaky valves
		High blood pressure
		History of MRSA
		Hepatitis, liver disease
		Irregular moles, warts, or growths; suspicious or changing skin lesions
		Keloids, pigmented scars, or longstanding acne scars
		Laser procedures, chemical peels, dermabrasion, or microdermabrasion in the past
		Light sensitive medication (cipro, doxycycline, bactrim, nifedipine, diltiazem, benadryl, lasix, HCTZ)
		Lymphatic disorder, inflammation of lymph vessels, lymphedema, or swollen/ painful glands
		Pacemaker, metal implants, artificial joint
		Phlebitis, varicose or spider veins
		Recent surgery, dental procedure, accident or serious injury
		Rosacea, telangiectasias, couperose skin
		Retinol, Retin-A, Tretinoin
		Skin lightening or bleaching agents or exfoliants
		Sunburn, either recent or multiple severe burns in the past
		Thyroid condition
		Viral infection, influenza

Client Signature: ____ Date: ____________________

Thank you for your time.
Your answers will assist us in developing a treatment plan designed for your individual needs.