



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.*

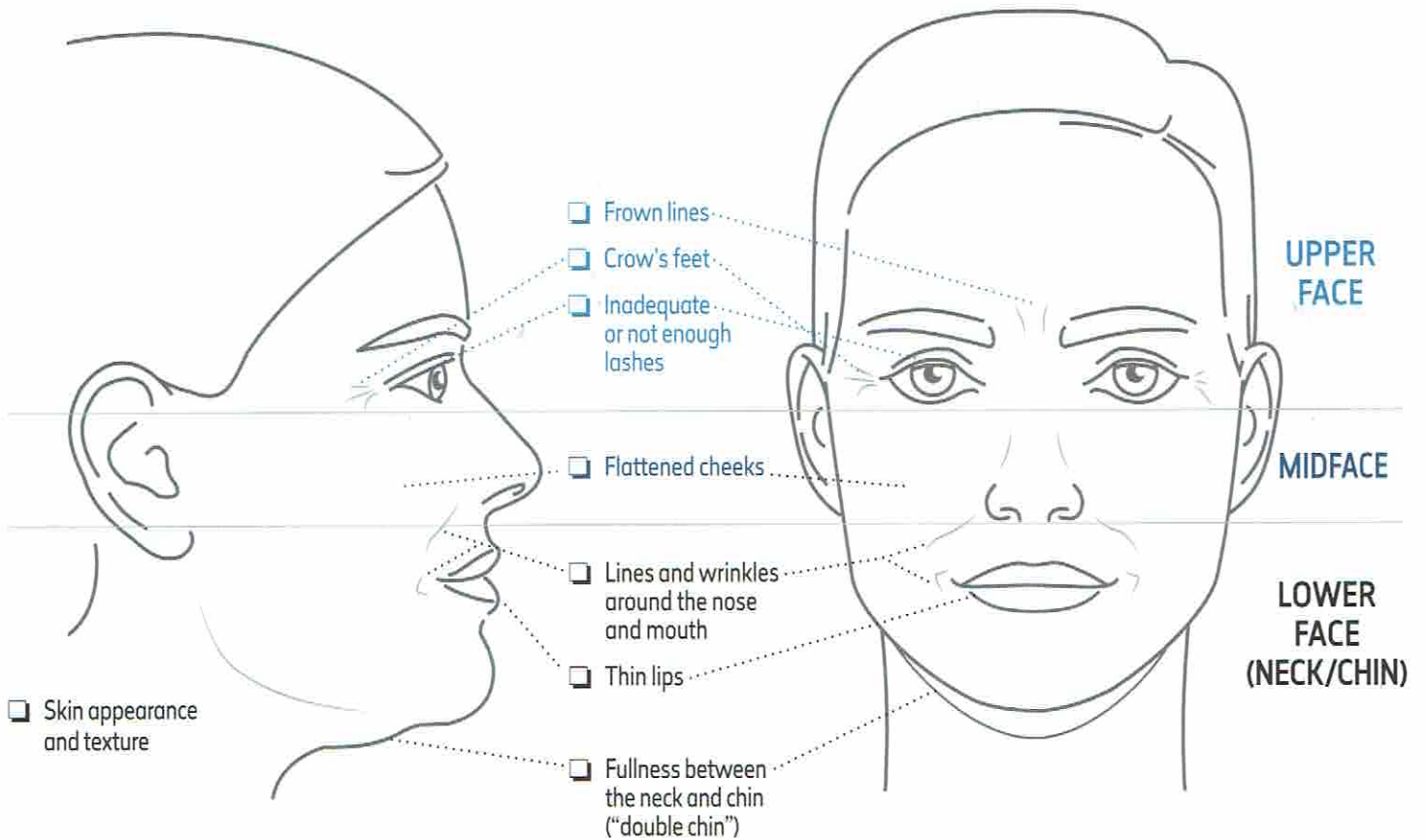
SELF-ASSESSMENT

NAME: _____ DATE OF BIRTH: _____ DATE: _____

What brings you in today? _____

Select which areas of the face concern you on the diagram below.

By sharing how you see yourself, we can best evaluate your aesthetic goals and select an appropriate treatment for you.



Please complete and return this form to the front office before your consultation.