

Date _____

Name _____ Date of Birth _____

Address _____

Phone _____ E-mail _____

Occupation _____ Referred by _____

What would you like to achieve from you treatment today? _____

If you could change something about your skin what would that be? _____

Have you ever had a facial before? _____ When? _____

How would you describe your skin? _____

Do you use any prescription skin care products? (please name) _____

Have you ever had chemical peels or microdermabrasion? _____ When? _____

Do you use home care products containing retinols, aha's or other chemical exfoliants? _____

Have you used acne medication? _____ When? _____ Which drug? _____

What skin care products do you currently use at home? _____

What areas of concern do you have regarding your skin? (check)

- Acne/breakouts
- Oily/shiny
- Rosacea
- Broken capillaries
- Redness/ruddiness
- Sun spots/brown spots
- Uneven skin tone
- Sun damage
- Wrinkles/fine lines
- Dull/dry skin
- Flaky skin
- Dehydrated
- Other _____

Are you allergic to anything? _____

Have you ever had a negative reaction to a skin care product? _____

Do you use SPF on your face or body? _____ How often? _____ Which brand _____

Do you tan or use tanning beds? _____

Have you experienced Botox, Restylane or any other injections? _____ Which ones? _____

Females only:

Are you taking oral contraceptives? _____ Any recent changes to or from your contraceptive Treatment? _____

Are you pregnant or trying to become pregnant? _____

Are you lactating? _____

Are you peri or post menopausal? _____ Any side effects? _____

Are you undergoing hormone replacement therapy? _____

Is there anything else you would like to add? _____

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 contraindication and or irritation to the skin from treatments received. The treatments I receive here are voluntary, and I release this institution and or skin care professional from liability and assume full responsibility thereof.

Signature _____ Date _____