Confidential Skin Health Information

Please Print

Today's Date_____ Date of Birth ____/_____/_____

Last name_____ First name_____

Address_____City_____St_____Zip_____

Home phone _____Cell phone _____

Emergency Contact _____ Phone_____

Your Occupation _____E-mail_____

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1. Is this your first facial/peel/microdermabrasion?_____
2. What skin concerns do you have? _____
3. Are you presently under a physician or dermatologists care? _____
   If so, please explain _____
4. Do you smoke? _____
5. Please circle if you have used or are currently using any of the following:

Differin	Renova	Retin-A	Laser Peel	Hydroquinone
Tazarac	Accutane	Glycolic Acid	Botox/fillers	Cosmetic Surgery

6. Are you presently taking any medications – orally or topically? _____
   If so, please list _____
7. Are you pregnant or nursing? _____
8. Do you have any skin sensitivities? _____
9. Do you have any allergies to skin products, foods or drugs? _____
   If so, please explain _____
10. What is your current skin care routine? _____
    _____
    _____
11. How did you hear about us? _____

Please circle if you are affected by or have any of the following:

Asthma	Cancer	Claustrophobia	Contagious Diseases
Diabetes	Eczema	Epilepsy	Fever Blisters
Headaches	Heart Conditions	Hepatitis	Herpes
High Blood Pressure	HIV	Immune Disorders	Metal Implants
Pacemaker	Sinus Problem	Skin Disease	Stress

I understand that the services that are offered are not a substitute for medical care, and any information provided by the Aesthetician is for educational purposes only. I consent to the following treatment and will inform my Aesthetician if any information changes.

_____ _____ _____

Client Signature Date Treatment