

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: M/F Email: _____

Phone (H): _____ (W) _____ (C) _____

Address: _____ City/State: _____

Occupation: _____ Spouse/Contact person: _____

Current Medications

Drug/Dose	Prescribed By:	Drug/Dose	Prescribed By:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any medications that you have had an adverse or allergic reaction to: _____

Personal Information

Do you smoke? Yes/No
How much, per day? _____

Consume Alcohol? Yes/No
How much, per week? _____

History

Are you currently pregnant or trying to become pregnant? Yes/No

Do you have regular periods? Yes/ No

Are you currently going through menopause? Yes/ No

During pregnancy, did you get hyperpigmentation or masking? Yes/ No

Have you had (Restylane, Collagen, etc.) injections? _____ Last injection: _____

Have you had Botox injections? _____ Last Injection: _____

Have you used Accutane? _____ How long? _____

Are you currently using Retin-A, Renova, or Differin? Yes/No If Yes, how long? _____

Are you currently using glycolic/AHA home care products? Yes/No If yes, please list: _____

Are you currently having Microdermabrasion or chemical peels? Yes/No

Last treatment: _____ Type of treatment: _____

Describe your reaction: _____

Have you recently had facial surgery? Yes/No

If yes, please explain: _____

Have you ever had laser resurfacing? Yes/No

If yes, please explain: _____

Do you form large scars or keloids? Yes/No

If yes, where? _____

Do you develop cold sores or fever blisters? Yes/No If yes, how many times per month? _____

Do you spend a lot of time in the sun doing outdoor activities? Yes/ No

Do you go to a tanning salon, or sunbath? Yes/ No

Do you wear sunscreen on a regular basis? Yes/ No If yes, which brand & SPF? _____

Skin Condition

Describe your skin:

Dry: _____ Oily: _____ Normal: _____ Combination: _____ Acne Prone: _____

FITZPATRICK CLASSIFICATION (WHICH SUITS YOU THE BEST)

Skin type	Skin color	Characteristics
I	White	Always burns, never tans
II	White	Usually burns, tans less than average
III	White	Sometimes mild burn, tans about average
IV	White	Rarely burns, tans more than average
V	Brown	Rarely burns, tan profusely
VI	Black	Never burns, deeply pigmented

Is your pigmentation : Even Uneven Birthmark Pregnancy mask

Broken Capillaries: Nose Cheeks Chin Forehead Entire Face

Do you flush easily? Yes/ No

Do you have acne breakouts? _____

What is your daily home care skin regimen? What products: _____

Morning:

- Cleanser: _____
- Toner: _____
- Antioxidant: _____
- Hydrate: _____
- Correct: _____
- Moisture: _____
- Sun Protection: _____

Evening:

- Cleanser: _____
- Toner: _____
- Exfoliate: _____
- Hydrate: _____
- Correct: _____
- Moisture: _____

Have you ever used any products that caused an adverse reaction to your skin? _____

What are the cosmetic improvements you would like to see in your skin? _____

Are you interested in Chemical peels? Yes/No

Are you interested in Microdermabrasion? Yes/No

Are you interested in IPL (Intense Pulse Light Therapy)? Yes/No

Treatment Plan: _____

How Often? _____

Restrictions: _____

New Products Recommended:

Morning:

Cleanser: _____

Toner: _____

Antioxidant: _____

Hydrate: _____

Correct: _____

Moisture: _____

Sun Protection: _____

Evening:

Cleanser: _____

Toner: _____

Exfoliate: _____

Hydrate: _____

Correct: _____

Moisture: _____

Others: _____

