

General Intake Form:



Name _____ Phone (day) _____
(evening) _____

DOB _____ Occupation _____

Email _____

How did you hear about us?

What type of skin do you think you have?

Normal Oily Dry Combination

What areas of concern do you have regarding your skin?

Sun Damage

Excessive Oil/Shine Wrinkles/Fine Lines Dull/Dry Skin Rosacea

Broken Capillaries Redness/Ruddiness Dehydrated Sun, Liver, Brown Spots

Other:

Have you been under the care of a dermatologist within the past year? yes no

If yes, please explain

Have you ever had an allergic reaction to any of the following?

Cosmetics Medicine Food Animals Sunscreen Drugs

Iodine Pollen AHAs Fragrance Shellfish Latex

Other:

Do you currently or have you used in the last 3 months Retin-A, Renova, AHA's or Retinol/Vitamin A derivative products?

If yes please describe:

Have you received Botox, Restylane, or Collagen injections in the last 6 months?

yes no

If yes, please specify: Add a little bit of body text



What are current or ongoing medical conditions?

What surgeries have you had?

What medical treatments have you undergone or are undergoing?

List all current medications:

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform the technician of any changes in the above information. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my technician for any injury or damages incurred due to any misrepresentation of my health history.

Name _____

Signature _____

Date _____