

Name _____

Phone _____

DOB _____

Occupation _____

Email _____

How did you hear about us?

What type of skin do you have? Normal Oily Dry

What areas of concern do you have regarding your skin?

Combination Uneven Skin Tone

Blackheads/Whiteheads Wrinkles/Fine Lines Redness/Ruddiness Sun Damage

Rosacea

Sun, Liver, Brown Spots

Breakouts/Acne

Excessive Oil/Shine

Broken Capillaries

Other: _____

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

If yes, please explain

Do you have any known allergies:

_____ Yes _____ No

If so, what are you allergic to: _____

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

If yes please describe: _____

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

yes no If yes, please specify:

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 agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health history.

Client Signature _____

Date _____