

Integrity Aesthetics

CONFIDENTIAL SKIN HEALTH QUESTIONNAIRE

PLEASE PRINT

Today's Date _____

First Name _____ Last Name _____ Date of Birth ____ / ____ / ____

Street _____ Apt # _____ City _____ State _____ Zip _____

Phone - Home () _____ Work () _____ Mobile () _____

Emergency Contact _____ Phone () _____

Your occupation _____ E-Mail _____

Referred by Friend _____ E-mail Gift Certificate
 Other _____

EXPECTATIONS and HISTORY

What are your top 3 skin concerns? _____

Have you ever had facial treatment in the past? Yes No

How would you describe your skin?

Normal Dry Oily Combination Sensitive Sun Damaged

How would you rate your skin? (Circle one)

- I. Always burns, never tans
- II. Always burns easily, tans slightly
- III. Burns moderately - tans gradually
- IV. Seldom burn - always tans well
- V. Rarely burns — deep tan
- VI. Never burns — deeply pigmented

What is your present skin regimen?

Soap & water only Cleanser _____ Toner _____

Masque _____

Moisturizer _____ Exfoliator _____ Sun Block every day

Other _____

Do you Sun bathe Use a tanning bed How often? _____

Have you ever had? Peels Microdermabrasion Facial surgery

Cosmetic Surgery Botox Collagen Injections Laser resurfacing

How recently? _____

Are you under treatment for any current skin condition? Yes No

If yes, what? _____

Do you get cold sores/blisters (Herpes Zoster/Shingles)? Yes No

What medications/hormone replacement/vitamins do you presently take?

Have you ever used Accutane® Retin-A® Renova® Topical Antibiotics Differin
 Tazarac Hydroquinone Aloha Hydroxy Acids

If yes, when and for how long? _____

Any personal or family history of skin cancer? Yes No

Provide detail _____

Do you have any health issues? _____

Do you smoke? Yes No

Do you wear contact lenses? Yes No

FOR WOMEN: Birth Control? Type? Yes No

Are you pregnant or trying to get pregnant? Yes No

Are you taking hormone replacement? Yes No

Do you experience hormone imbalances? Yes No

FOR MEN: Do you shave with Electric Razor Razor

Do you experience skin breakouts? Yes No

Do you have ingrown hair? Yes No

LIFESTYLE & DIET

1. Is your stress level High Medium Low

2. Do you normally sleep well? Yes No

3. Do you regularly exercise? Yes No

4. Do you have food intolerances or allergies? Yes No What?

5. Do you follow any special diet? Yes No

6. How many glasses of water do you consume daily? _____

7. In our treatment program, it may be necessary to recommend alterations to or additions in your home care regimen; would that be OK with you? Yes No

Your practitioner will recommend the appropriate schedule for future facial treatments or physician referral in order to achieve your skin improvement goals.

INFORMED CONSENT RELEASE

I _____ do fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care. I understand that the skin care professional will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if deemed necessary. I also am aware that individual results are dependent upon my age, skin condition, and lifestyle. I agree to actively participate in following appointment schedules and home care procedures to the best of my ability, so that I may obtain maximum effectiveness. In the event that I may have additional questions or concerns regarding my treatment or suggested home product routine, I will inform my skin care professional immediately.

I release and hold harmless the skin care professional Kristine Wasson, Integrity Aesthetics, LLC and all associated company members or employees from any liability for adverse reactions that may result from this treatment.

POLICIES

1. We require **48-hours notice for cancellations or reschedules. Appointments not cancelled or rescheduled 48 hours in advance will be charged a \$50 fee. All No shows/no calls will be charged full service charge.**
2. If you are not satisfied with your service or products, please contact your skin care professional within 24-hours after your appointment so that the situation may be corrected. It is our policy to provide you with the best professional service and products customized for your skin condition.

I have read and understood all of the foregoing information.

Client Signature _____ Date _____

Skin Care Professional _____ Date _____

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