



## Client Health History: Advanced Chemical Peel Health History Intake

Name

Date of Birth



Month   Day   Year

Address

Address

City

State

Zip

Home/Cell Phone

Work

Email

example@example.com

Cell

Work

Email

Emergency contact name

Phone

Relationship to you

SKIN TYPE: Review the skin types below, using the Fitzpatrick Scale, and check the one that best describes your skin. This information will be used by your technician to determine the most appropriate way to approach your treatment(s)

I. Very fair skin; blonde or red hair; light-colored eyes; freckles common

II. Fair skinned; light hair, light eyes

III. Very common skin type; fair; eye and hair color vary

IV. Mediterranean Caucasian skin; medium to heavy pigmentation

V. Mideastern skin; rarely sun sensitive

VI. Black skin; rarely sun sensitive

Are you of Asian heritage (Class V) and/or have a history of keloid scarring?

Yes

No

Please list the products you use regularly:

Facial Cleanser

Moisturizer

Toner

Serum

Scrubs

Sunscreen

Retinol

Glycolic Acid

Enzymes

Peptides or Growth Factors

Cosmetic History

How would you describe your skin? NormalCombination

Combination

Oily

Dry

When were you last exposed to the sun (including tanning beds)?

Do you use sunless tanning products? Yes

No

No

If yes, when was it last applied?

Do you have hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin) or marks

after physical trauma? Yes

No

No

No

Have you had chemical peel treatments in the past? Yes

No

If yes, when?

Describe your experience

Associated Skin Care Professionals

Client Health History: Advanced Chemical Peel Health History Intake continued

Are you currently using, or have you used in the past year, any of the following?

Acyclovir

Glycolic Acid

Hydroquinone

Lactic Acid

Spironolactone

If yes, when?

Are you using any topical creams, lotions, or oral antibiotics for acne, skin cancer, antiaging or hyperpigmentation? Please List:

Have you ever had any of the following injectables or implants?

Botox

Juvederm

If yes, when?

Have you had any facial cosmetic surgeries/procedures, piercings, metal implants, tattoos, or use of a pacemaker within the past year? YesNoIf yes, when?

Collagen If yes, when?

What body area(s)?

Have you had any facial cosmetic surgeries/procedures, piercings, metal implants, tattoos, or use of a pacemaker within the past year? YesNoIf yes, when?

No

If yes, when?

No

If yes, when?

No

Have you used any of the following hair removal methods in the past six weeks?

ShavingWaxingElectrolysisTweezingThreadingDepilatories

Have you had any laser resurfacing treatments in the past six weeks? Yes

If yes, when?

Shaving

Waxing

Electrolysis

Depilatories

Health History Have you had chemotherapy in the past 6 months? YesNo

Yes

No

Do you have any allergies to medications, food, latex, topical products, and/or other substances?

Do you have any of the following conditions? EczemaDermatitis

Dermatitis

Hormone imbalance

Pregnancy and/or breastfeeding

Autoimmune

Do you have any other health condition(s) not mentioned here? YesNo If yes, please list

Are you currently on birth control? Yes\_ No If yes, please describe

Yes

No

If yes, please list

No

If yes, please describe

Have you consumed drugs or alcohol in the last 24 hours? YesNo

Yes

No

Please list all vitamins and supplements including herbal remedies you take regularly

Please list all current medications including aspirin, ibuprofen, blood thinners, etc. you take regularly

Is there anything else you would like us to know?

I certify that the preceding medical, personal, and skin history statements are true and correct. I am aware that it is my responsibility to inform the esthetician of my current medical or health conditions



and to update this history. A current medical history is essential to execute appropriate treatment procedures.

Client Name (Printed)

Date



Month   Day   Year

Esthetician/Technician

Date



Month   Day   Year

Associated Skin Care Professionals

## The Treatment Room-AZ