CLIENT INFORMATION

DATE: _____

RETURNING CLIENTS | Any changes since last visit? ☐**No** ☐**Yes** *If yes please indicate changes on form.*

CLIENT NAME: _____ **GENDER:** ☐M ☐F ☐OTHER **DOB:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PREFERRED CONTACT NUMBER: _____ **EMAIL:** _____

May we leave a message if we do not reach you personally? ☐No ☐Yes

WHAT ARE YOUR TOP 3 SKINCARE CONCERNS:

1. _____
2. _____
3. _____

MEDICAL HISTORY:

Pregnant? ☐No ☐Yes Breastfeeding? ☐No ☐Yes

Do you smoke? ☐No ☐Yes

Health Conditions: _____

Digestive Regularity: _____

Past Surgeries: _____

Have you ever been diagnosed with Cancer? ☐No ☐Yes (last treatment date)_____

Current Medications: _____

Current Supplements: _____

Prescription Topicals: _____

Allergies (include aspirin & iodine): _____

PREVIOUS TREATMENTS:

Facials	☐No ☐Yes	Last treatment: _____	Any complications?_____
Cosmetic Procedures	☐No ☐Yes	Last treatment: _____	Any complications?_____
Chemical Peels	☐No ☐Yes	Last treatment: _____	Any complications?_____
Injectables	☐No ☐Yes	Last treatment: _____	Any complications?_____
Hair Removal	☐No ☐Yes	Last treatment: _____	Any complications?_____
Tanning	☐No ☐Yes	Last treatment: _____	Any complications?_____
Laser Therapy	☐No ☐Yes	Last treatment: _____	Any complications?_____
Light Therapy	☐No ☐Yes	Last treatment: _____	Any complications?_____
Microcurrent	☐No ☐Yes	Last treatment: _____	Any complications?_____
Other	☐No ☐Yes	Last treatment: _____	Any complications?_____

SKIN CONDITIONS: *(please check all the items below that pertain to you)*

☐Skin Infection
☐Skin Cancer_____
☐Eczema/Psoriasis
☐Sun Sensitivity
☐Herpes (cold sores)
☐Poor Healing
☐Lymph Nodes Removed
☐Easy Bruising
☐Keloids/Excessive Scarring
☐Tattoos/Permanent Makeup
☐Mold Exposure
☐Auto Immune Condition _____

SKINCARE: What type of skin do you feel you have? ☐Dry ☐Oily ☐Normal ☐Combination

What is your skin routine? *(Indicate any cleansers, toners, serums, moisturizers, masques, etc.)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____