Lira™ CLINICAL

Be Bright. Be Beautiful.

Confidential Skin Health History

Please answer the following confidential questions so that we may have a better understanding of your general health and lifestyle, thereby enabling us to accurately analyze and assess your skin care needs.

PERSONAL INFORMATION

Name _____

Date of Birth _____/_____/_____

Address _____

City _____ State _____ Zip _____

Best Contact Number _____ Is it ok to text this number? ❑ Yes ❑ No

Email _____

FACTORS THAT EFFECT SKIN HEALTH

1. Are you a smoker? ❑ Yes ❑ No

2. Are you pregnant? ❑ Yes ❑ No

3. Are you currently under the care of a physician? ❑ Yes ❑ No

If yes, for what condition(s)? _____

Allergies _____

Have you been diagnosed or treated for the following within the last 24 months? (check all that apply)

❑ Eczema ❑ High blood pressure ❑ Cancer ❑ Psoriasis ❑ Blood clots

❑ Acne ❑ Hormone therapy ❑ Cold Sores ❑ Diabetes

❑ Other _____

What medications and supplements are you currently taking? _____

_____

Your daily stress level is: ❑ Mild/Low ❑ Medium/Average ❑ High/Intense

Occupation _____

How many ounces of water do you drink per day?_____ How often do you exercise?_____

Do you have any metal implants in your body? ❑ Yes ❑ No

If yes, where? _____

YOUR SKIN

What is the primary reason for your visit today?_____

What is the most important improvement you would like to see in your skin?_____

Please list any cosmetic procedures you have had in the last 12 months _____

What skincare line are using? _____

Describe your daily skin care routine _____

_____

How often do you wear sunscreen? ❑ Everyday ❑ Occasionally ❑ Only when I'm outside

Have you received any of the following procedures within the last 6 months?

❑ Microdermabrasion ❑ Facial Injections (Botox, Fillers) ❑ Derma-plane ❑ Waxing

❑ Micro-needling (CIT, PRP) ❑ Laser Procedures

❑ Other _____

I understand the information I have provided above is true and correct. I also understand that all information stated is strictly confidential and will not be shared outside of this facility due to HIPPA regulations.

Signature_____ Date _____

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