

Integrated Aesthetics
Lifestyle Consultation

Name _____ Phone _____ DOB _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Referred by _____
Emergency Contact _____ Phone _____

How would you describe your skin? please check normal dry oily combo red/sensitive

What concerns you most about your skin? please check

Just here for relaxation

Aging Fine lines Wrinkles Thin Lax Puffiness

Dehydration Dry Dull Flaky Tight Rough texture

Sensitivity Redness Rashes Rosacea Reactive Dilated Capillaries Itchiness Sinus problems

Pigmentation Dark marks Light marks Dark eye circles Post inflammatory hyperpigmentation

Breakouts Oily Enlarged pores Scarring Blackheads Papules Pustules Occasional Severe Hormonal

What have you done about this so far? _____

What is your current skincare routine? please list products morning & night

Pre-Cleanser _____

Cleanser _____

Toner _____

Daymoisturizer _____

Night moisturizer _____

Serum _____

OTC product(retinol,benzoyl peroxide,AHA/BHA) _____

Prescription product _____

Eye/Lip Crème _____

SPF _____

Exfoliant _____

Mask _____

Bleaching/depilatory agents _____

Self tanners _____

Are you under the care of a dermatologist?name _____

For? _____

Do you suffer from any of the following? please check

Psoriasis Eczema Keloid scarring Cold sores Epilepsy Seizure Thyroid disorder

Arthritis Hepatitis Hormone imbalance Cardiac irregularities Blood clotting abnormalities Lupus

Diabetes I/II Active infections High cholesterol High/Low blood pressure

Is there a family history of skin cancer? please check Yes No

Have you been treated with any of the following? please check

Accutane Retin A/Differin/Adapalene/Tretinoin Topical antibiotics Topical cortisone

Anti-fungal nail treatments Hydroquinone Blood thinners

Have you had any of the following aesthetic procedures? please check

Peels Facial waxing Dermaplaning Botulinum toxin Fillers Microdermabrasion Microneedling

Microblading IPL Laser resurfacing Laser hair removal Cosmetic surgery

Other _____

Have you ever had a reaction to? please check medication iodine pollen hydroxy acids sunscreen sulfur
aspirin latex lidocaine hydroquinone lanolin antibiotics cosmetics fragrance metals

How much time do you spend in the sun? please check mostly indoors sometimes mostly outdoors

Please disclose medications/oral antibiotics/supplements/diuretics taken regularly that may cause sun sensitivity _____

Other vitamins, supplements, medications: please list _____

Do you have a pacemaker? please check Y N

Do you have metal implants or braces? please check Y N

Have you undergone upper body surgery in the past year? If yes, please disclose _____

Stress level please check (low) 1 2 (high) 3

Sleep quality please check (low) 1 2 (high) 3

Pain tolerance please check (low) 1 2 (high) 3

Do you smoke/live with a smoker? please check Y N

Do you exercise regularly? please check Y N

Do you wear contact lenses? please check Y N

Do you experience claustrophobia? please check Y N

Follow a restricted diet? please check Vegetarian Vegan Fat-free Dairy-free Low carb Food intolerance/allergy

How many glasses of water do you consume a day? _____

Female Clients Only

Do you have a hormonal imbalance? (polycystic ovarian syndrome, endometriosis, etc.) _____

On Contraception or hormone therapy? _____

Are you pregnant or trying to become pregnant? please check Y N **Lactating?** please check Y N

Glogau Photodamage Classification Scale please check answer

Type I Mild, age 28-35 presents as:

*Few, if any wrinkles * minimal pigment changes * no keratosis * little to no makeup needed.

Type II Moderate, age 35-50 presents as:

*Wrinkles in motion * slight lines near eyes & mouth * minor discoloration * keratosis but not visible * requires some makeup.

Type III Advanced, age 50-65 presents as:

*Visible wrinkles at rest * noticeable discolorations * visible keratosis & capillaries * needs makeup.

Type IV Severe, age 60+ presents as:

*Wrinkles throughout * yellow-gray skin color * actinic keratosis with or without malignancies * wears makeup with poor coverage * sagging skin.

Fitzpatrick Skin Typing Scale

How do you tan? please check answer that best describes you.

I – White skin, red/blonde hair, blue eyes, always burns, freckles, very fair skin, English/Scottish/Scandinavian.

II – White skin, blonde hair, green/blue eyes, always burns, difficult to tan, has freckles, fair skin, N. European descent.

III – White skin, light brown hair, blue/brown eyes, tan after burns, may freckle, pale skin, German descent.

IV – Brown skin, brown hair & eyes, tans more easily than average, rarely burns or freckles, olive skin, Mediterranean, S. European or Hispanic descent.

V – Dark brown skin, brown/black hair, brown eyes, tans easily, rarely burns, no freckles, Asian, Indian, African descent.

VI – Black, black hair, black/ brown eyes, tans, never burns, deeply pigmented, never has freckles, African descent.

Do you have the gene for red hair? please check Y N

I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update Integrated Aesthetics of any changes to the above information. I acknowledge that the therapist will not be responsible for any injury arising because of an unreported condition or concern. I understand that with any treatment certain risks are involved & that complications or side effects from known or unknown causes could occur. I freely assume these risks.

I understand the therapist is neither trained nor licensed to provide medical treatment, diagnose, prescribe drugs or medication. I acknowledge that these treatments are not a substitute for medical examination or diagnosis.

I hereby give my consent voluntarily & release Integrated Aesthetics from any claims, representations or guarantees about specific results. By my signature, I acknowledge having read & understood the precautions. I consent to receive indicated treatments.

Client Name

Client Signature

Date

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Consultation Notes

Color: normal dull yellow brown
Texture: Thin Medium Rough Combination
Laxity: Normal/good elasticity Mild/early damage Poor/moderate damage Very poor/severe damage
Wrinkles: fine lines <25% <50% <75% <100% elastosis
Dehydration: flaking water dry oil dry
Sensitivity: red/rash Rosacea compromised barrier
Telangiectasia: <5 <10 <15 <20 Rosacea
Acne: comedones solar comedones papules inflamed pustules scarring hormonal breakouts
Skin cancer history: 1 2 3 4
Actinic & seborrheic keratosis: <2 <4 <6 <8
Pigmentation: hyper hypo melasma pih solar
Freckles & lentigines: <2 <4 <6 <8
Surface irregularities: normal moles abnormal moles acne/trauma/keloid scars old/new stretch marks
Poikiloderma

