



Name: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Date of Birth: _____

Do you have allergies? If yes, which ones?

Have you had a chemical peel in the last 6 months?	Y	N
Do you ever experience skin breakouts?	Y	N
Do you ever experience oily shine throughout the day?	Y	N
Do you ever experience burning, itching sensation on your skin?	Y	N

Have you ever experienced a reaction to any skin care products? If so which ones?

Within the last year, have you been under a dermatologist or other physicians care? If so what for?

Have you had any health problems past or present? If yes, please specify:

Please list any medications, supplements, vitamins, diuretics, slimming tablets, etc. that you take regularly:

Are you pregnant or trying to become pregnant?	Y	N
Are you breastfeeding?	Y	N
Do you experience irritation from shaving?	Y	N
Do you experience ingrown hairs?	Y	N
Have you started any new medication?	Y	N

Do you have any special skin problems pertaining to your face or body? If yes, please explain:

What skin care products are you currently using?

Do you currently use Accutane, Retin A, Renova, Adapalene or any other prescription skin care products? If yes, please list:

Are you currently using any products that contact the following ingredients(circle all the apply): Glycolic Acid, Lactic Acid, Exfoliating Scrubs, Hydroxy Acids, Vitamin A Derivatives.

Have you had any recent chemical peels, microdermabrasion, botox, filler or any resurfacing treatments within the last 14 days?

What skin type do you feel you have: oily, aging, dry, combination, sensitive, rosacea?

What are your skincare goals today?

Do you ever experience flakiness and/or tightness?	Y	N
Do you sunbathe or use tanning beds?	Y	N
Do you burn easily in moderate sunlight?	Y	N
Do you have a tendency to redness?	Y	N
Do you suffer from epilepsy or seizures?	Y	N
Currently taking steroid or cortisone injections?	Y	N
Any photosensitivity/ or taking photosensitive drugs?	Y	N

Client Signature: _____

Date: _____