**Brittney’s Skin Care Studio - Medical Intake Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (Name & Phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to contact you by phone or leave messages: \_\_\_\_\_Yes \_\_\_\_\_No

Preferred method of contact: \_\_\_\_\_ Phone \_\_\_\_\_Text \_\_\_\_\_E-Mail

Do we have permission to show your photos for educational purposes? \_\_\_\_\_Yes \_\_\_\_\_No

Concerns

What concerns you most about the overall appearance of your skin? (check all that apply)

\_\_\_Acne \_\_\_Acne Scarring \_\_\_Age Spots

\_\_\_Blackheads \_\_\_ Body Acne \_\_\_Broken Blood Vessels

\_\_\_Bumps on back of arms \_\_\_Cellulite \_\_\_Cysts/Nodules

\_\_\_Dehydrated Skin \_\_\_Dull Complexion \_\_\_Excessive Facial Hair

\_\_\_Facial Veins \_\_\_Fine Lines/Wrinkles \_\_\_Frequent Breakouts

\_\_\_Large Pores \_\_\_Loss of Lashes/Brows \_\_\_Melasma/Brown Spots/Patches

\_\_\_Oily Skin \_\_\_Redness \_\_\_Rough/Uneven Skin Texture

\_\_\_Rosacea \_\_\_Sagging Skin \_\_\_Sun Damage

\_\_\_Under Eye Puffiness/Dark Circles

\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your skin? \_\_\_Oily \_\_\_Dry \_\_\_Combination \_\_\_Sensitive

How would you describe your stress level? \_\_\_\_Little \_\_\_\_Moderate \_\_\_\_High \_\_\_\_Severe

Do you feel your stress level may be affecting the health of your skin? \_\_\_\_\_Yes \_\_\_\_\_No

Are you in good health overall? \_\_\_\_\_Yes \_\_\_\_\_No

Concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History

Are you currently under the care of a physician? \_\_\_Yes \_\_\_No

If Yes please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies to foods or medications? \_\_\_Yes \_\_\_No

If Yes please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on any medications either topical or oral? \_\_\_Yes \_\_\_No If yes, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How do you heal after an acne breakout, cut or scratch? \_\_\_\_ No scar \_\_\_\_ Red \_\_\_\_ Brown (PIH)

Do you smoke? \_\_\_Yes \_\_\_No

Are you prone to cold sores? \_\_\_Yes \_\_\_No If yes, date of last cold sore? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an allergy to Latex? \_\_\_Yes \_\_\_No

Do you tan in the sun or in tanning beds/booths? \_\_\_Yes \_\_\_No

Please check the skincare products you are currently using:

\_\_\_Cleanser \_\_\_Toner \_\_\_Serum \_\_\_Scrub \_\_\_Mask \_\_\_Eye Cream \_\_\_Moisturizer

\_\_\_Sunscreen \_\_\_Self Tanner \_\_\_Concealer \_\_\_Makeup \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else I should know:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The answers I have provided are true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature Date