Consultation

GILLIE
AESTHETICS | DERMATOLOGY

CLIENT INFORMATION

Name : _____

Mailing Address: _____

City / State / Zip : _____

Primary Phone : _____ Additional Phone: _____

Employer: _____

Date of birth: _____ Please Circle: Single Married Divorced

Emergency Contact & Phone: _____

MEDICAL HISTORY

Please check any of the following you may have :

- ☐ acne
- ☐ autoimmune disease
- ☐ cold sores
- ☐ diabetes
- ☐ dermatitis
- ☐ fainting
- ☐ glaucoma
- ☐ hair loss
- ☐ HIV/AIDS
- ☐ implanted metal
- ☐ keloids/scars
- ☐ migraines
- ☐ pacemaker
- ☐ rosacea
- ☐ sensitive skin
- ☐ skin infections
- ☐ urticaria/hives
- ☐ warts
- ☐ weight gain
- ☐ other: _____

Do you take... Coumadin? Yes No Aspirin? Yes No Blood thinners? Yes No

MEDICATION ALLERGIES

☐ None or please list below :

_____

_____

HAVE YOU EVER HAD A REACTION TO LIDOCAINE OR EPINEPHRINE? ☐ Yes ☐ No

FEMALES ONLY

Are you pregnant? Yes No possibly

Are you breastfeeding? Yes No Are you trying to become pregnant? Yes No

Please list your birth control method(s) if applicable _____

CLIENT SKIN CONCERNS

What are your main skin concerns?

- ☐ Acne
- ☐ Blackheads
- ☐ Dry Skin
- ☐ Oily Skin
- ☐ Dull Skin
- ☐ Dehydrated Skin
- ☐ Fine Lines
- ☐ Dark Under Eyes
- ☐ Dark Spots
- ☐ Melasma
- ☐ Scars
- ☐ Ingrown Hairs
- ☐ Hair Loss
- ☐ Enlarged Pores
- ☐ Redness
- ☐ Sagging Skin
- ☐ Premature Aging
- ☐ Thin Lips
- ☐ Bruising
- ☐ _____

YOUR AESTHETIC HISTORY

What procedures have you had previously?

_____

_____

YOUR SKIN TYPE

What would you say is your skin type?

- ☐ Normal
- ☐ Oily
- ☐ Sensitive
- ☐ Combination

YOUR SKIN ROUTINE

What is your current skin care routine?

_____

_____

Which of these steps are you most happy with / wanting to continue with?

_____

YOUR SKIN GOALS

Which are you interested in learning more about?

- ☐ Toxins (Daxxify, Botox, Dysport, etc.)
- ☐ Fillers (RHA, Restylane, Juvederm, etc)
- ☐ PRP/PRF
- ☐ Thread "Lifts"
- ☐ Chemical Peels
- ☐ Microneedling
- ☐ Skin Care
- ☐ Facials
- ☐ Natural options
- ☐ _____

SIGNATURE : _____ DATE : _____

PRINTED NAME: _____