

Confidential Skin Health History



NAME _____

DATE _____

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:

Age _____ Date of Birth ____ / ____ / ____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Mobile _____ Best time to reach AM PM

Email _____ Are you a smoker? Yes No

List all medications taken _____

Allergies _____

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

If yes, for what condition(s)? _____ Are you pregnant? Yes No

Please circle any of the following you have been treated for:

Skin Disease Acne Cold Sores High Blood Pressure Diabetes Cancer Hormone Therapy

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

How much water do you drink a day? _____ How often do you exercise? _____

Do you have any metal implants in your body? Yes No If yes, where? _____

Ethnic Background _____ Occupation _____

YOUR SKIN:

On a scale of 1 to 10 (1 = Horrible, 10= Fantastic), please rate how you feel about the overall look of your skin _____

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

If you go in the sun without sunscreen, how often will you burn?

Always Most of the Time Sometimes Rarely Burn Very Rarely I never Burn

When was your last sun burn? _____ Use of tanning beds: Daily Once a week Occasionally Never

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

What skin care line are using? _____

Describe your daily skin care routine: _____

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

Do you receive any of the following procedures regularly?

Waxing Facial Injections Microdermabrasion Chemical Peels 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 _____