Name	Date			
Phone	Email			
Address				
City, zip	BDAY			
Skin Type: Dry Mature	Dehydrated Oily Combination Sensitive			
Skin Concerns / Treatment Go	pals			
Skin Conditions				
Medical Conditions (Pregnand	cy, Diabetes, Pace maker, Epilepsy, Cancer, etc)			
Medications (including Hormo	ones)			
Retin-A, Renova, AHA, or Reti	nol derivitives When			
Accutane or other Acne Medi	cations When			
Allergies				
Anything else? Keloid scarring	g, Bruise easily			
When was your last unprotect	ted sun exposure?			
Do you Sun Tan Use Tanning beds Use Bronzers				
Skin Care Routine:				
Products you use(d) Serums				
Cleanser	Moisturizer			
Toner	Sunscreen			
Exfoliant	Mask			
Have you ever had an adverse	e reaction to a product / ingredient? Yes / No			
If so, please explain				

## Current method of hair removal (any sensitivities)

Have you recently received any of the following services? When?

Facial(s) Microderm Peel High Freq Microneedling Galvanic

Hair Removal

**Skin Tightening** 

**Body Contouring** Laser

**Injectables** 

**IPL** 

Other

Any Adverse reactions?

What other services are you interested in?

How were you refered?

Interested in subscribing to promotional and educational info? Yes / No

## Mark 0 through 4 for each question

Genetic Disposition

Score	0	1	2	3	4
Your eye color?	Light blue, gray, green	Blue, gray or green	Blue	Dark Brown	Brownish Black
Natural color of hair?	Sandy, red	Blonde	Chestnut/Dark Blonde	Dark Brown	Black
Color of non-exposed skin?	Reddish	Very pale	Pale w/Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	None

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay in the sun too long?		Blistering, followed By peeling	Burns sometimes, Followed by peeling	Rarely Burns	Never burns
To what degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tans easily	Turns dark Brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always

Tanning Habits

Score	0	1	2	3	4
When did you last expose Your body to sun or Tanning booth/creams?	More than 3 Months ago	2—3 months ago	1—2 months ago	Less than one Month ago	Less than 2 Weeks ago
Did you expose the area To be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Your Fitzpatrick skin type:

Skin Type Score	Fitzpatrick Skin Type
0—7	
8—16	II
17—25	III
25—30	IV
Over 30	VVI