

SkinCare Aesthetics

~~~~~  
**CONFIDENTIAL PATIENT INFORMATION**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip Code  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Referred By: \_\_\_\_\_

## SKIN HISTORY

**Specific Concerns** (check as many as apply)

\_\_\_\_ Occasional breakout      \_\_\_\_ Acne      \_\_\_\_ Oiliness      \_\_\_\_ Uneven skin tone  
\_\_\_\_ Dryness      \_\_\_\_ Sensitivity      \_\_\_\_ Sun Damage  
\_\_\_\_ Fine lines      \_\_\_\_ Dehydration      \_\_\_\_ Other (please specify) \_\_\_\_\_

## LOCATIONS OF CONCERN

\_\_\_\_ Face      \_\_\_\_ Neck      \_\_\_\_ Back  
\_\_\_\_ Eyes      \_\_\_\_ Decollette      \_\_\_\_ Hands  
\_\_\_\_ Lips      \_\_\_\_ Other (please specify) \_\_\_\_\_

## MEDICAL HISTORY

General health?      \_\_\_\_ Excellent      \_\_\_\_ Very Good      \_\_\_\_ Average      \_\_\_\_ Below Average  
Do you maintain a well balanced diet?      \_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Sometimes  
Do you exercise?      \_\_\_\_ Regularly      \_\_\_\_ Sometimes      \_\_\_\_ Never

**\*Please note any current health condition(s) that your aesthetician should be aware of.**

---

For the protection of the patient and staff, please check if you have any of the following conditions:

\_\_\_\_ Herpes Simplex (cold sores)      \_\_\_\_ HIV/AIDS      \_\_\_\_ Hepatitis B      \_\_\_\_ Other (please specify) \_\_\_\_\_

## PAST OR CURRENT USE OF THE FOLLOWING MEDICATIONS:

\_\_\_\_ Cleocin      \_\_\_\_ Sulfur/Sulfa Meds      \_\_\_\_ Retin-A/Renova      \_\_\_\_ Tazorac  
\_\_\_\_ Differin      \_\_\_\_ Erythromycin      \_\_\_\_ Glycolic Preparations      \_\_\_\_ Bleaching Agents  
\_\_\_\_ Benzoyl Peroxide      \_\_\_\_ Alpha Hydroxy Acids      \_\_\_\_ Accutane      \_\_\_\_ Beta Hydroxy Acid  
\_\_\_\_ Oral Antibiotics      \_\_\_\_ Birth Control      \_\_\_\_ Other (please specify) \_\_\_\_\_

## ALLERGIES

\_\_\_\_ Sulfur/Sulfa      \_\_\_\_ Benzoyl Peroxide      \_\_\_\_ Citrus      \_\_\_\_ Alpha Hydroxy Acids  
\_\_\_\_ Hydroquinone      \_\_\_\_ Beta Hydroxy Acid/Aspirin      \_\_\_\_ Other (please specify) \_\_\_\_\_

## DEPILATORIES IN USE

\_\_\_\_ Waxing      \_\_\_\_ Electrology      \_\_\_\_ Chemical Depilatory      \_\_\_\_ Laser Hair Removal  
\_\_\_\_ Threading      \_\_\_\_ Shaving      \_\_\_\_ Other (please specify) \_\_\_\_\_

## SKIN CARE PRODUCTS IN USE

\_\_\_\_ Cleanser      \_\_\_\_ Exfoliant      \_\_\_\_ Toner      \_\_\_\_ Moisturizer      \_\_\_\_ Mask  
\_\_\_\_ SPF      \_\_\_\_ Other (please specify) \_\_\_\_\_

BRAND(S): \_\_\_\_\_