Welcome to SkinCare Aesthetics. Please take a few moments to complete the following information, this will help us to customize your treatments according to your specific needs.

**Cancellation Policy:** We are delighted to serve you and have reserved staff and space just for you. If you need to reschedule an appointment please call a minimum of 24 hours prior to your scheduled appointment. If less than 24 hour notice is given you will be charged 50% of the scheduled service price. Prepayment may be asked of patients who fail to show for their appointments.

### ALLERGIES
- [ ] Sulfur/Sulfa
- [ ] Benzoyl Peroxide
- [ ] Citrus
- [ ] Hydroquinone
- [ ] Beta Hydroxy Acid/Aspirin
- [ ] Other (please specify): __________
- [ ] Alpha Hydroxy Acids

### SKIN HISTORY
**Specific Concerns (check as many as apply)**
- [ ] Occasional breakout
- [ ] Acne
- [ ] Oilliness
- [ ] Fine Lines
- [ ] Dryness
- [ ] Sensitivity
- [ ] Sun Damage
- [ ] Uneven skin tone
- [ ] Fine lines
- [ ] Dehydration
- [ ] Other (please specify): __________
- [ ] Face
- [ ] Neck
- [ ] Back
- [ ] Decollete
- [ ] Hands
- [ ] Eyes
- [ ] Lips
- [ ] Other (please specify): __________

#### History
<table>
<thead>
<tr>
<th>General health?</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you maintain a well balanced diet?</td>
<td>Yes</td>
<td>No</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>Do you exercise?</td>
<td>Regularly</td>
<td>Sometimes</td>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Do you have a history of:</td>
<td>Herpes Simplex (cold sores)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any medical conditions that we should be aware of:

### 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): __________

### 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)**

---

**Patient Signature:** ____________________________  **Date:** ____________________________