

# SKINCARE AESTHETICS®

## Aesthetics Health History Form

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       Alpha Hydroxy Acids  
 Hydroquinone       Beta Hydroxy Acid/Aspirin       Other (please specify): \_\_\_\_\_

### SKIN HISTORY

Specific Concerns (check as many as apply)

Occasional breakout       Acne       Oiliness       Fine Lines  
 Dryness       Sensitivity       Sun Damage       Uneven skin tone  
 Fine lines       Dehydration       Other (please specify): \_\_\_\_\_  
 Face       Neck       Back       Decollette       Hands  
 Eyes       Lips       Other (please specify): \_\_\_\_\_

### History

General health?       Excellent       Very Good       Average       Poor  
Do you maintain a well balanced diet?       Yes       No       Sometimes  
Do you exercise?       Regularly       Sometimes       Never  
Do you have a history of:       Herpes Simplex (cold sores)  
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: \_\_\_\_\_