



Date \_\_\_\_\_ Client# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender M F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Referral Source \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone (Circle Preferred) Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail (Confidential) \_\_\_\_\_

Do you Want to get our E-mail Newsletter (Only 3 Times a Year)? Y N

Please circle the items below that apply to you

Hair Removal (last 6 weeks): Plucking Waxing Depilatories Electrolysis

Purposeful Tanning (last 6 weeks): Sun Exposure Tanning Bed Tanning Products

Medications: Retin-A or Retinoids (last 3 weeks) Accutane (last 6 months)
Hydroquinone (bleaching agents) Glycolic Acid (skin cleansers)

Sensitivity to: Particular Products/Chemicals? \_\_\_\_\_ Beef or Milk Y N

Skin Conditions: Acne Herpes (cold sores) Sun Sensitivity Eczema/Flaking
Tattoos/Permanent Make Up Skin Cancer
Poor healing Easy Bruising or Bleeding Tendency

Previous Procedures: Laser/Light treatments Microdermabrasion Chemical Peels Botox
Wrinkle Fillers Other \_\_\_\_\_

Medical History: Pregnant? Y N Maybe N/A
Any current illness, disease, or condition? Y N \_\_\_\_\_
Current medications (include Aspirin, Hormones, Contraceptives):

Allergies \_\_\_\_\_

Skin Concerns: Wrinkles Irritated Sensitive Skin Acne Texture Pigmentation
Other: \_\_\_\_\_

Area of Interest for Today's Consultation: \_\_\_\_\_

Other Spa Interests: Microdermabrasion Skin Care Products Botox MicroNeedling VI Peel

Wellness Interests: Bone Density Testing Body Composition Testing Weight Loss Strength Training

Would you like a "Text Reminder" the day before your appointment Y N

Would you like a "Text Notification" that it's been 4 or 5 months since your last Botox Injection. Y N

Patient Signature \_\_\_\_\_

Physician/Aesthetician Notes:

\_\_\_\_\_  
\_\_\_\_\_