



## Confidential Skin Health History

Please answer the following confidential questions so that we may have a better understanding of your general health and lifestyle, thereby enabling us to accurately analyze and assess your skin care needs.

### PERSONAL INFORMATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

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

Best Contact Number \_\_\_\_\_ Is it ok to text this number?  Yes  No

Email \_\_\_\_\_

### FACTORS THAT AFFECT SKIN HEALTH

1. Are you a smoker?  Yes  No

2. Are you pregnant?  Yes  No

3. Are you currently under the care of a physician?  Yes  No

If yes, for what condition(s)? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Have you been diagnosed with or treated for any of the following within the last 24 months? (check all that apply)

Eczema       High blood pressure       Cancer       Psoriasis       Blood clots

Acne       Hormone therapy       Cold Sores       Diabetes

Other \_\_\_\_\_

What medications and supplements are you currently taking? \_\_\_\_\_

\_\_\_\_\_

Your daily stress level is:  Mild/Low     Medium/Average     High/Intense

Occupation \_\_\_\_\_

How many ounces of water do you drink per day? \_\_\_\_\_ How often do you exercise? \_\_\_\_\_

Do you have any metal implants in your body?  Yes  No

If yes, where? \_\_\_\_\_

## YOUR SKIN

What is the primary reason for your visit today? \_\_\_\_\_

What is the most important improvement you would like to see in your skin? \_\_\_\_\_

Please list any cosmetic procedures you have had in the last 12 months \_\_\_\_\_

What skincare line are you using? \_\_\_\_\_

Describe your daily skincare routine \_\_\_\_\_

\_\_\_\_\_

How often do you wear sunscreen?  Every Day  Occasionally  Only when I'm outside

Have you received any of the following procedures within the last 6 months?

Microdermabrasion  Facial Injections (Botox, Fillers)  Dermaplane  Waxing

Microneedling (CIT, PRP)  Laser Procedures

Other \_\_\_\_\_

*I understand that the information I have provided above is true and correct. I also understand that all information stated is strictly confidential and will not be shared outside of this facility due to HIPPA regulations.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

