

# SKINCARE & DERMAPLANING INTAKE FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date \_\_\_\_\_  
Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

TELL ME ABOUT YOUR SKIN \*FOR AN EFFECTIVE, PERSONALIZED TREATMENT, PLEASE BE AS ACCURATE AS POSSIBLE

## Skin Type:

Normal  Combination  Oily  Dry  Mature  Breakouts  Acne  Sensitive  Rosacea

## What skin conditions would you like to improve?

Acne/Acne Scarring  Pustules (Inflamed)  Enlarged Pores  Blackheads/Whiteheads  Age Spots  
 Visible Capillaries  Sun Damage  Fine Lines/Wrinkles  Hyper-pigmentation (brown spots)  
 Other \_\_\_\_\_

## Have you ever been prescribed Accutane™?

Yes  No Last Date Used \_\_\_\_\_

## Please check if using any of the following:

Hydroquinone  Glycolic /Alpha Hydroxy Acid  Retinoid (Vitamin A derivatives: Retin-A, Renova, Differin, Tazorac, Tretinon)  
 Other \_\_\_\_\_

## Are you sensitive to any skin care ingredients or cosmetics?

Yes  No Last Date Used \_\_\_\_\_

## Have you recently received any of the following?

Face Treatment Date \_\_\_\_\_  Microneedling Date \_\_\_\_\_  
 Chemical Peel Date \_\_\_\_\_  Ultherapy Date \_\_\_\_\_  
 Laser/IPL Date \_\_\_\_\_

## Have you ever had any of the following?

Botox Injections Date \_\_\_\_\_  Restylane Injections Date \_\_\_\_\_  
 Collegen Injections Date \_\_\_\_\_  Laser Resurfacing Date \_\_\_\_\_  
 Rhytidectomy (Face Lift) Date \_\_\_\_\_  Rhinoplasty (Nose) Date \_\_\_\_\_  
 Blepharoplasty (Eye lift) Date \_\_\_\_\_  Skin Cancer Date \_\_\_\_\_  
 Other Date \_\_\_\_\_

## GENERAL HEALTH

### Do you suffer from allergies? (Sulfa, food, iodine, medications, hay fever, latex)

Yes  No If yes, please specify: \_\_\_\_\_

Are you currently taking any medications, herbs or vitamins?  Yes  No If yes, please specify: \_\_\_\_\_

How many glasses of water do you consume daily? \_\_\_\_\_

When exposed to sun, do you:  Burn Easily  Tan Easily  Never Burn  Never Tan

Are you under a physician's care for any reason? \_\_\_\_\_

What's your general health? \_\_\_\_\_

For women only:  HRT  Menopause  Pregnant  Birth Control Pills

Do any of the following apply to you?  Smoker  Wear Contacts