CONFIDENTIAL SKIN HEALTH

QUESTIONNAIRE

PLEASE PRINT		Today's Date:				
First Name:	Last N	Name:	Date of Birth//			
Street	Apt. #	City	StateZip			
Phone – Home ()	Work ()	Mobile ()			
Dermatologist/physician:			Phone ()			
Emergency Contact			_Phone ()			
Your occupation			E-Mail			
	Mailer		E-mail Gift Certificate			
1. What is the reason for your visi	t today?					
2. What special areas of concer	n do you have?					
EXPECTATIONS and HISTO	ORY					
3. Which conditions would you I	ike to improve?					
Acne so	carring	Hyperpigr	nentation			
Acne		Broken co	pillaries			
Age sp	ots	Stretch Mo	arks			
Enlarge	ed Pores	Surgical/fo	acial scars			
Fine line	es & wrinkles	Other				
4. Have you ever had facial tre	eatment in the p	ast? Ye	es No			
5. What was your experience?						
6. How would you describe yo						
, , ,		Sensitive	Sun Damaged			
7. How would you rate you		ne)				
a. Always burns, never						
b. Always burns easily,	C ,					
c. Burns moderately –						
d. Seldom burn – Alwa						
e. Rarely burns – Deep f. Never burns – Deep						
 Never borns - Deep 8. Do you ever experience 	Flakines	ss2 Ti	ghtness?			
	Rednes		ccessive oily shine during day?			
9. What is your present skin reg						
Soap & water only	Cleanser	Toner	Masque			
Moisturizer	Exfoliation	Sun Block				
Other			· ·			

gravate your skin?

10.	Are you ever exposed to chemicals, oils, or other caustic substances that may aggravate your skin?									
	Yes	No								
lf ye	es, what are	they?								
11.	Do you blu	sh easily	Ś	Yes	No					
lf ye	es, what are	the cor	ntributing	g factors	?					
	Emotio	ons	Foods		Tempe	erature C	Changes	5	Other	
12.	Do you	Sun be	athe?	Use a t						
	. Have you ever had Cosmetic Surgery									
						00102	jorrinjov		Laborr	ooonig
14	Are you un				rront skir	n conditi	002	Voc	No	
14.	If yes, who								No	
1.5										
	Does your							Pigm	ents¢	
	Do you bru									
17.	Do you ge	t sores/b	listers (H	erpes Zos	ster/Shin	gles)?	Yes		No	
18.	What med	ications,	/hormon	e replac	ement/v	vitamins	do you	presently	take?	
19.	Have you e	everuse	d anv of	the follo	wina? A	Accutan	e®	Retin-	AR	Renova®
	19. Have you ever used any of the formation Topical Antibiotics Differin									
lf ve	es, when an									
	Any persor							No		
	vide detail									
21.	How would		scribe yo		all nealth					
	Excellent	Good		Fair		Poor				
22.	Have you h	nad any	of the fo	ollowing,	past or p	oresent?				
Acı				Yes		No		When		
	ergies			Yes		No				
Arthritis or Bursitis		Yes		No						
Blood Pressure		High		Low		Norm	al			
Breast Implant Cancer		Yes		No						
				Yes		No				
	taracts olesterol			Yes High		No Low		Norm	al	
	iustrophobic	_		High Yes		No		NOT		
	betes	•		Yes		No				

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Diarrhea/constipation

Heart Disease/Conditions

Eczema

Epilepsy

Hay Fever

Hepatitis

HIV/AIDS

Headaches

Where _____

How often	
What	

No

No

No

No

No

No

No

No

lafa atiana Var	No				
Infections Yes Lupus Yes	No				
	No				
Menopausal Yes	No				
Metal Implants Yes	No				
Pace Maker Yes	No				
Phlebitis Yes	No				
Serious Injury Yes	No	Who	at		
Sleep problems Yes	No				
Thyroid High	Low	Nor	mal		
Varicose Veins Yes	No				
Do you smoke? Yes	No				
Do you wear contact lenses? Yes	No				
23. Have you ever had a reaction to	Cosmetics	Metals	Medicati	on Food	
Fragrance Airborne particles?	Other	-Please Explai	า		
24. FOR WOMEN: Oral contraceptives	Ş	Yes	No		
Are you pregnant or trying to get p		Yes	No		
Are you taking hormone replacem	•	Yes	No		
Do you experience hormone imba		Yes	No		
25. FOR MEN: Do you shave with		Electric shaver? Razor?			
Do you experience skin breakouts?	2	Yes	No		
Do you have ingrown hair?		Yes	No		
LIFESTYLE & DIET					
1. Is your stress level		High	Medium	Low	
2. Do you normally sleep well?		Yes	No		
3. Do you regularly exercise?		Yes	No		
4. Do you have food intolerances?		Yes	No V	Vhat?	
Please Explain					
5. Do you follow any special diet?		Yes	No		
4 How many alassos of water do you	concumo daily?				

6. How many glasses of water do you consume daily?

7. How many cups of caffeine-type beverage (coffee, tea, soft drinks) do you consume daily? 1-3 cups 4 or more

8. In our treatment program, it may be necessary to recommend alterations to or additions in your home care regimen; would that be OK with you? Yes No

Your practitioner will recommend the appropriate schedule for future facial treatments or physician referral in order to achieve your skin improvement goals.

INFORMED CONSENT RELEASE

I _______, do fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care. I understand that the skin care professional will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if deemed necessary. I also am aware that individual results are dependent upon my age, skin condition, and lifestyle. I agree to actively participate in following appointment schedules and home care procedures to the best of my ability, so that I may obtain maximum effectiveness. In the event that I may have additional questions or concerns regarding my treatment or suggested home product routine, I will inform my skin care professional immediately.

I release and hold harmless the skin care professional Donna Campbell, Fabulous Face Spa, and the staff harmless from any liability for adverse reactions that may result from this treatment.

POLICIES

1. We require 48-hours' notice for cancellations. Cancellation for Monday must be phoned in on the Friday before.

2. If you are not satisfied with your service or products, please contact your skin care professional within 24hours after your appointment so that the situation may be corrected. It is our policy to provide you with the best professional service and products customized for your skin condition.

I have read and understood all of the foregoing information ______ Date _____ Client Signature

I ______ consent to have pictures taken that may be used for showing progress before and after a course of treatment and upon approval to be used for advertising.

Date ____

Client Signature