

Name: _____ D.O.B. _____

FIRST MIDDLE LAST

Mailing Address: _____

STREET APT# CITY STATE ZIP

Telephone: (____) _____ (____) _____ (____) _____

HOME CELL WORK

Gender: Male Female

Marital Status: S M D W

Ethnicity: White Hispanic Asian Black/African American American Indian or Alaska Native Hawaiian or Pacific Islander Other : _____

Language: English Spanish Other: _____

**Would you be interested in receiving emails on any upcoming cosmetic promotions and specials?

If yes, please provide us with your E-mail address: _____

We offer many aesthetic services, products, and procedures.

If you would like more information, please check the box of all that you are interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Botox Cosmetic | <input type="checkbox"/> Skin Care Advice | <input type="checkbox"/> Birthmarks |
| <input type="checkbox"/> Fine lines and wrinkles | <input type="checkbox"/> Skin Care Products | <input type="checkbox"/> Lips |
| <input type="checkbox"/> Skin Rejuvenation | <input type="checkbox"/> Spider Vein Treatments | <input type="checkbox"/> Hair Removal |
| <input type="checkbox"/> Treatment for Scars | <input type="checkbox"/> Liver Spots / Age Spots | <input type="checkbox"/> Chemical Peels |
| <input type="checkbox"/> Sunscreen Advice | <input type="checkbox"/> Sun Damage | |
| <input type="checkbox"/> Laser Treatments | <input type="checkbox"/> Fillers (Restylane, Sculptra, Perlane) | |
| <input type="checkbox"/> Other, please specify: _____ | | |

What cosmetic treatments and procedures, if any, have you had in the past?

If you have previously had any cosmetic treatments or procedures, were you pleased with the outcome? Yes No If no, what was the procedure and in what way were you dissatisfied?

Do you have permanent make-up or tattoos anywhere? Yes No

Do you sunbathe, or go to tanning salons? Yes No

Do you use chemical sunless tanning? Yes No

Which of the following best describes your skin type and natural hair color?

***Skin type ***

- Always burns
- Sometimes burns, always tans
- Brown moderately pigmented
- Always burns, sometimes tans
- Rarely burns, always tans
- Black skin

*** Natural hair color***

- Black
- Brown/Light/Dark
- Blonde/Light/ Dark
- Red
- White/ grey

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Medical History

- Smoking
 - Cold Sores / Fever Blisters
 - Problems Healing
 - Other: _____
 - Reactions to skin care products: _____
 - Plastic surgery (list): _____
 - Skin cancer (list): _____
- HIV / Hepatitis
 - Waxing / electrolysis
 - Keloids / Raised Scars
- Pregnant
 - Bleed Easily
 - Accutane

Medications: _____

Are you pregnant, or trying to become pregnant? Yes No
 Are you taking any blood thinners? Yes No If yes, please list: _____
 Please check the box if you have ever been diagnosed with the following:

- Hepatitis A-B-C
- HIV/ AIDS
- Cold sores/ Shingles

- Anaphylaxis
- Sun sensitivity disorders

- Actinic keratosis
- Keloid scars
- Pigmentary disorders

Other illnesses or medical conditions? _____

Autoimmune and neurologic diseases: (please check all that apply)

- Myasthenia Gravis
- Eaton-Lambert disease
- Multiple sclerosis

- Lupus
- Scleroderma
- Other: _____

Are you allergic to any of the following products/ medications?

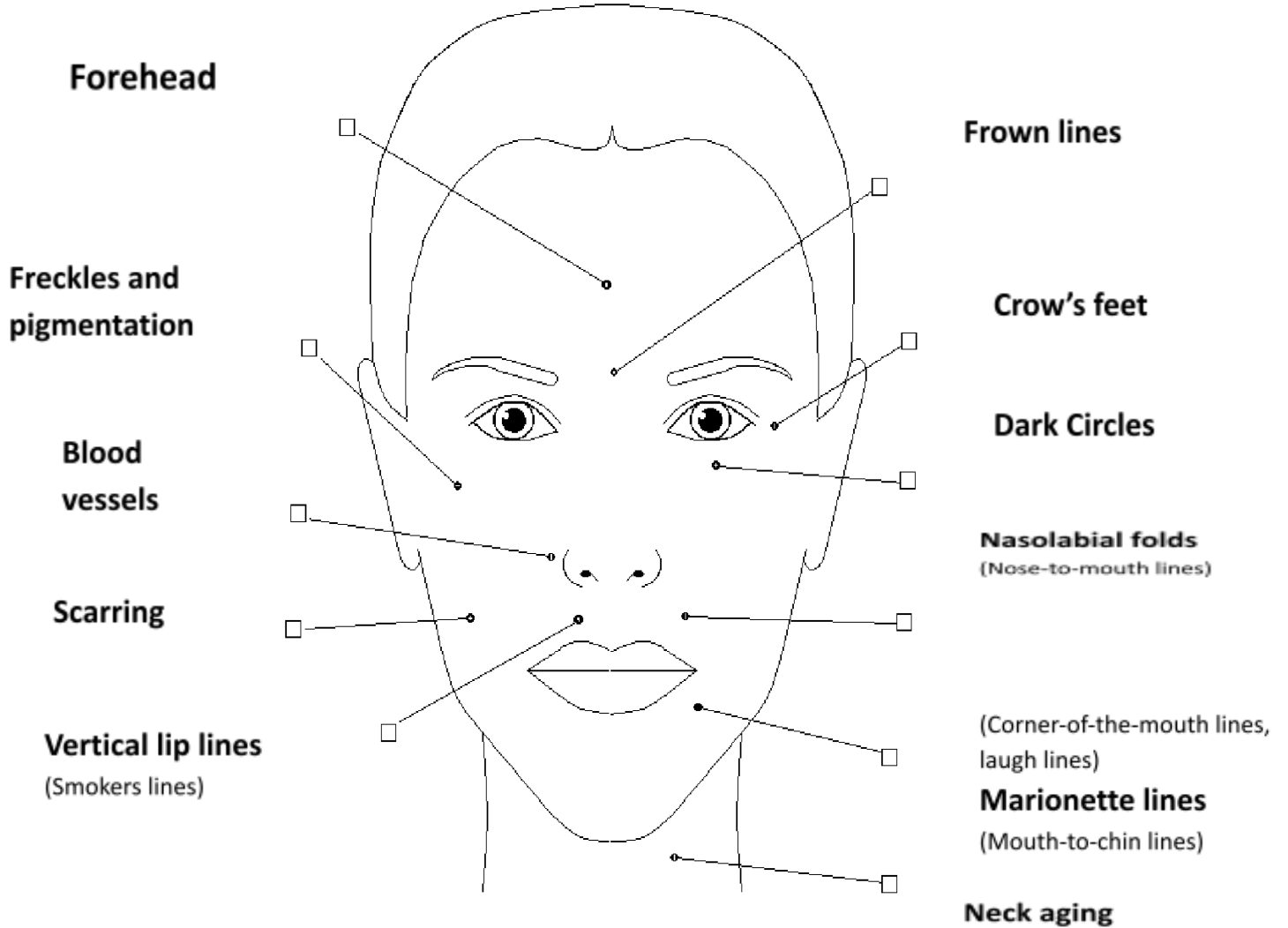
- Anesthetic agents
- Codeine
- Bleaching agents
- Latex
- Tetracycline

- Hydroquinone
- Hydrocortisone
- Penicillin
- Sulfa
- Aloe vera

If yes, please describe the reaction: _____
 Please list any allergies not listed above: _____

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Check any areas of concern



Larger pores, poor skin texture, and fine lines