Online Facial Consultation Form

Last Name:________________________________ **First Name:**____________________________________

Address:____
House/Apt # Street City State Zip

Phone #:(_______)_________-______________ (_______)___________-______________
Home Cell

Birthday:__________________________________ **under 21 21-30 31-40 41-50 51-60 60+**
Month Day

How did you hear about us?____

Your Health:

1) Within the last year, have you been under a dermatologist's care? **Yes No**
   If yes, please specify____
2) Have you had any health problems in the past year? **Yes No**
3) List any medications, supplements, vitamins, diuretics, slimming pills, lsotretinoin, etc. that you take regularly?
   ____
   ____
4) Do you smoke? **Yes**
   No
5) Do you exercise regularly? **Yes No**
6) Do you follow a restricted diet? **Yes No**
7) Do you wear contact lenses? **Yes No**
8) Do you have metal implants, a pacemaker or body piercings? **Yes No**
9) Rate your level of stress on a scale of 1 to 5 (1= low stress, 5 = high stress) ____________________
10) Do you have any allergies? Latex, Nickel, etc.? **Yes No**
    If yes please specify____
11) Have you ever had an allergic reaction to Aspirin? **No Yes**
12) Do you sunbathe or use tanning beds? **Yes No**
13) Do you drink more than 4 caffeinated beverages daily (coffee, tea, soft drinks)? **Yes No**
14) Have you ever experienced claustrophobia? **Yes No**

Your Skin:

15) What are your specific concerns or challenges with your skin? ______________________________
    ____
16) What skin products are you currently using?
    a. Face: soap cleanser Toner Moisturizer Masque Exfoliator Eye Treatment Serums
    b. Body: soap Shower Gel Scrubs Oil Body Moisturizer Depilatory Products Self-Tanners
17) Have you had a chemical peel, microdermabrasion, laser, or light therapy, an injectable, or other cosmetic procedure in the last month? **Yes No**
18) Have you waxed in the last 72 hours? **Yes No**
19) Have you used in the last 3 months Retin-A, Renova, Adapalene, or any other prescription skin products? **Yes No**
20) Have you taken isotretinoin (Accutane) within the last 6 – 12 months? **Yes No**
21) Are you currently using any products that contain the following ingredients?
    a. Glycolic Acid Lactic Acid Any Exfoliating Scrubs Hydroxy Acid Vitamin A derivatives (Retinol)

22) Do you ever experience these conditions on your skin? Flakiness Tightness Obvious Dryness

23) What SPF sunscreen do you use on your face?____________________ Body?______________________________

24) Do you burn easily in moderate sunlight? **Yes No**

25) Have you had any direct sun exposure within the last 48 hours? **Yes No**

26) Do you have a tendency to redness? **Yes No**

27) Do you suffer from sinus problems? **Yes No**

28) Are you prone to cold sores or fever blisters? **Yes No**

29) Are you currently experiencing a break out? **Yes No**

30) Do you ever experience burning, itching, or stinging sensations on your skin? **Yes No**
If yes please specify____

Female Clients Only:

31) Are you taking oral contraception (birth control)? **Yes No**

32) Are you pregnant or trying to become pregnant? **Yes No**

33) Are you lactating? **Yes No**

34) Are you currently having or due for your menstrual period? **Yes No**

Male Clients Only:

35) Do you have any shaving challenges? **Yes No**
If yes please specify____

Questions To Discuss Every Visit:

36) Have you started any new medications since your last visit? **Yes No**
If yes, please specify____

37) What are your expectations with this treatment and today's visit____
____

I confirm that (to the best of my knowledge) that the answers I have provided are correct and that I have not withheld any information that may be relevant to my treatment.

____ ____________________

Signature **Date**

This consultation form is used to evaluate your individual skin care needs. We will maintain the confidentiality of this information, and will disclose this information only: (i) to our staff members, (ii) to quality assurance and quality control personnel, (iii) to our product supplier and manufacturer. We will not provide this information to anyone else, except as required by law, and we will not sell this information to anyone. We may however, contact you with product related information.