

Aesthetic IN-TAKE FORM



Name: _____ Date: _____

How did you hear about us? (Whom may we thank for your referral?) _____

E-mail Address at which we may contact you: _____

Birth date: _____ Occupation: _____ Employer: _____

Home Address: Street: _____ City: _____

State: _____ Zip: _____ Preferred Phone for Us to Contact You: _____

Emergency Contact Name: _____ Phone: _____

Dermatologist Name: _____ Phone: _____

Is this your first facial treatment? __Yes__No Date and type of last treatment: _____

What is the reason for your visit today? _____

Are you presently under a physician's care for any current skin condition or other problem? __Yes__No

Are you pregnant? __Yes__No

Are you taking birth control pills? __Yes__No If yes, what type? _____

Do you smoke? __Yes__No

Do you often experience stress? __Yes__No

Have you had skin cancer? __Yes__No

Are you currently or have you in the past used:

__Differin__Retin-A__Tazorac__Glycolic Acid__Salicylic Acid __Accutane

If yes, when and for how long? _____

Do you have acne? __Yes__No Experience frequent blemishes? __Yes__No

Do you have any allergies to cosmetics, foods or drugs? __Yes__No Please list _____

Are you presently taking oral or topical medications? __Yes__No

If yes, please list: _____

Skin Care Brands Used: Cleanser: _____ Retinoid: _____ Moisturizer: _____ Exfoliant:

_____ Sunscreen: _____ Eye Cream: _____ Serum (Vit. C/E): _____

Cosmetics Used: _____

Skin type: Please check the one that best applies (throughout your life)

- 1. Ivory skin color; always freckles, always burns and peels, and never tans
- 2. Fair or pale skin; usually freckles, burns and peels often, and rarely tans
- 3. Fair to beige skin with golden undertones; might freckle, burns on occasion, and sometimes tans
- 4. Olive or light brown skin; doesn't really freckle, burns rarely, and tans often
- 5. Dark brown skin; rarely freckles, almost never burns, and always tans
- 6. Deeply pigmented dark brown to darkest brown skin; never freckles, never burns, and always tans darkly

I have had full opportunity to read and consider the office's Notice of Privacy Practices. I understand that, by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations. I am aware that I may have a copy of the office's Notice of Privacy Practices.

Signature: _____ Date: _____