



Personal Information

E-Mail:		
Name:	Phone #:	
Address:	D.O.B:	Age:
City:	State:	Zip Code:
Your mother's ethnicity:	Your father's ethnicity:	Your ethnicity:
How did you hear about us?(If referred, give name)	Sex:	Female / Male
Medical History		
Bleeding disorder, bruise easily: YES/ NO	Endocrine/Hormone Issues: YES/ NO	Photoallergic: YES/NO
Pigmentation disorder : YES/ NO	Pacemaker/Defibrillator: YES/ NO	History of skin cancer: YES/ NO
History of Keloid scarring: YES/ NO	Accutane within 6 months: YES/ NO	Dermatological conditons: YES/NO
History of cold sores: YES/ NO	Diabetes: YES/ NO Is it controlled? YES/ NO	Phlebitis, Blood clots: YES/NO
Malignancy: YES/ NO	Pregnancy: YES/ NO	Fragile/ Intolerant skin: YES/ NO
List any other medical conditions:		
List any medications taken:	List any allergies:	
What concerns you about your appearance?		
1) _____		
2) _____		
3) _____		
4) _____		
When was the last time you got a sun tan? _____ Do you currently have a tan? YES / NO		
Last time you wore sunscreen? _____ How often do you wear sunscreen? _____		
When you get your first sun exposure, which of the following best describes what happens to you?		
<input type="radio"/> Always burn, never tan <input type="radio"/> Burn first, then tan <input type="radio"/> Sometimes burn, usually tan		
<input type="radio"/> Rarely burn, tan easily <input type="radio"/> Very rarely burn, tan very easily <input type="radio"/> Never burn, tan very easily		
What skin care products do you use for face and body? _____		
How do you currently remove any unwanted hair? _____		
What aesthetic or spa treatments have you had before? _____		
No children under 16 allowed, unless they are receiving a treatment _____ (Initials)		