Skin Studio

## **Confidential Client Health History Form**

Date:			
		DOB:	
Address:		City:Z	/in·
Home Phone:		Cell Phone:	
Email Address:		Cell Phone:	
Physician:		Dhouse	
Emergency Contact:		Phone:	
Annagency Contact:		Phone:	
Approval to contact you?	□ No □ Yes	Referred by:	
<ol> <li>Have you been under the year? □ N• □ Yes,</li> </ol>	the care of a phy explain:	ysician, dermatologist or other medical professional wi	ithin the pas
?) Have you had any surg		g plastic surgery?   No  Yes, explain:	
B) Have you ever had $\square$ I	Botox, □ fillers,	or □ facial lasers? If so, when?	
List any medications (i	including preser	ription skin care products, acne medication, birth contr	
) List any over the count	ter medications	(including vitamins, herbal supplements, aspirin, etc.)	you take
) List any known drug al			
Have you ever had any (Please check all that apply and	of these health provide additional in	conditions in the past or present?	
Cancer(1	vne) 🗆	Headaches (chronic)	-
Hormone imbalance		Hepatitis	
High blood pressure		Fever blisters/Cold sores	
Spinal injury		Immune disorders	
Thyroid condition		HIV/AIDS	
Thyroid condition		Metal bone pins or plates	
Diabetes		Blood clotting abnormalities	
Heart problem		Psychological treatment	
Arthritis		Skin diseases/skin cancer(type)	
Asthma/Breathing prob		Any active infection (type)	
Keloid scarring		Any eye problems	
Seizure disorder		, eye prootons	

8)	Do you smoke	? □ No	□ Yes					
9)	Do you drink	alcohol?	□ No □ Yes	If yes, ho	w much do you drink?	/day	/week	
10)					f the following?			
	Cosmetics			Medic	eine			
	Skin Care Pro	ducts		Latex				
	Fragrance			Iodine	3			
	Sunscreens			AHAs	(alpha-hydroxy acids)			
	Food			Drugs				
	Shellfish			Poller	i			
	Animals							
	Other:							
11)	Do you form t	hick or r	aised scars froi	n cuts or b	ourns? □ No □ Yes			
10)	D I I				d 1 ! . \ II !	d: L	a Calea alchal an	
14)	10.50	5.5	00	_	the skin) or Hypopigmen scribe:		13	
13)	How often are	you exp	osed to the sun	or use a t	anning bed?Infreque	ntlyFrequentl	y Regularly	
14)	What SPF do y	you use	on your face? _		How often/	when?		
15)	Have you rece	ntly used	l any self-tanni	ng lotions	, creams or treatments?	□ No □ Yes, spec	ify:	
16)	Have you used	any of	he following h	air remova	al methods in the past six	weeks? □ No □	Yes	
	Shaving		Electrolysi	s 🗆				
	Waxing		Stringing					
	Plucking		Depilatorie					
	Tweezing		É					
17)	Have you ever	had a bo	ndv sna treatme	ent before	P □ No □ Yes, when:			
* 1 )	11	ina a o	ou) opu treating					
18)	What skin care	produc	s are you curre	ntly using	? (List brand where know	0.5		
	Soap		2007-12		Shower Gels			
	Toner				Body Lotions			
							- 3	
	Outers							

Breakouts/acne	Sun damage	Blackheads/whiteheads   Sun damage   Blackheads/whiteheads   Wrinkles/fine lines   Rosacea   Dull/dry skin   Broken capillaries/redness   Flaky skin   Dehydrated   Dehydrated   Dehydrated   Dehydrated   Dark circles   None   Other:    Eves:	Blackheads/whiteheads   Sun damage   Rosacea   Wrinkles/fine lines   Dull/dry skin   Broken capillaries/redness   Flaky skin   Dehydrated   Thin eyelashes   Bothydrated   Wrinkles   Puffiness   Dark circles   None   Other:   Lips:   Dehydrated   Cracked/chapped lips   None   Other:   Dehydrated   Cracked/chapped lips   None   Other:   Dehydrated   Gracked/chapped lips   None   Other:   Dehydrated   Facial redness   Bothy fullness, thickness, or darkness   Facial redness   Facial Fillers (Restylane, Juvederm, Perlane, Radiesse)   Liver spots/age spots   Birthmark   Blotchy skin   Blotchy skin   Blotchy skin   Drooping eyelids   Thin lips   Drooping eyelids   Drooping eyelids   Thin lips   Drooping eyelids   Drooping ey	Skin:				
Excessive oil/shine	Wrinkles/fine lines Dull/dry skin Flaky skin Dehydrated  Puffiness	Excessive oil/shine	Excessive oil/shine					
Rosacea	Dull/dry skin	Rosacea	Rosacea   Dull/dry skin   Broken capillaries/redness   Flaky skin   Broken capillaries/redness   Flaky skin   Broken capillaries/redness   Dehydrated   Dehydrated   Dehydrated   Dehydrated   Dehydrated   Dehydrated   None   Other:   Dehydrated   Wrinkles   Puffiness   Dark circles   None   Other:   Dehydrated   Cracked/chapped lips   None   Other:   Dehydrated   Facial veins   Facial redness   Facial redness   Facial Fillers (Restylane, Juvederm, Perlane, Radiesse)   Liver spots/age spots   Birthmark   Laser Skin Resurfacing or other treatments   Blotchy skin   Blotchy skin   Skin care products/advice   Drooping eyelids   Thin lips   Drooping eyelids   Drooping eyelids   Thin lips   Drooping eyelids   Drooping ey					
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Sun spot/liver spot/brown spot	Dehydrated	Sun spot/liver spot/brown spot	Sun spot/liver spot/brown spot			The state of the s		
Thin eyelashes    Eyes:   Dehydrated   Wrinkles   Puffiness   Dark circles   None   Other:	Puffiness	Thin eyelashes  Eves:  Dehydrated   Wrinkles   Puffiness   Dark circles   None   Other:  Lips: Dehydrated   Cracked/chapped lips   None   Other:    Other:   Please check all that apply:	Thin eyelashes  Eves:  Dehydrated   Wrinkles   Puffiness   Dark circles   None   Other:  Lips: Dehydrated   Cracked/chapped lips   None   Other:    Dehydrated   Cracked/chapped lips   None   Other:	The second secon	A 10.000 M	Carlot and the address of the carlot		
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Dehydrated	Please check all that apply:  or darkness  rinkles  , Perlane, Radiesse)  □ Eacial veins □ Facial redness □ Liver spots/age spots □ Birthmark □ Blotchy skin □ Drooping eyelids	Dehydrated	Dehydrated					
Please check all that apply:   Eyelash length, fullness, thickness, or darkness   Facial veins   Facial redness   Liver spots/age spots   Birthmark   Birthmark   Blotchy skin   Skin care products/advice   Drooping eyelids   Drooping eyelids   International Please check all that apply:   Please check all that apply:   Facial veins   Facial redness   Facial redness   Eacial redness   International Please spots   Birthmark   Birthmark   International Please check all that apply:   Facial veins   Facial veins   International Please spots   International Please sp	Please check all that apply:  or darkness  rinkles  , Perlane, Radiesse)  □ Facial veins □ Facial redness □ Liver spots/age spots □ Birthmark □ Blotchy skin □ Drooping eyelids	Please check alt that apply:    Eyelash length, fullness, thickness, or darkness   Facial veins   Facial redness     BOTOX® Cosmetic/Dysport for wrinkles   Facial redness     Facial Fillers (Restylane, Juvederm, Perlane, Radiesse)   Liver spots/age spots     Cosmetic Eyelid surgery   Birthmark     Laser Skin Resurfacing or other treatments   Blotchy skin     Skin care products/advice   Drooping eyelids     Thin lips   Pemale Clients Only:	Please check all that apply:    Eyelash length, fullness, thickness, or darkness   Facial veins   Facial redness   Facial Facial redness   Liver spots/age spots   Liver spots/age spots   Birthmark   Blotchy skin   Blotchy skin   Drooping eyelids   Drooping eyelids   Thin lips   Drooping eyelids		/stranged line of	None D Of	hau	
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