

Patient Profile

Name: _____ Age: _____

Phone: _____ Sex: _____

Street Address: _____

Suburb: _____ State: _____ P/code _____

Are you pregnant? _____

Do you go to tanning booths?

Are you currently sun or wind burnt: _____

Do you get facial waxing/electrolysis/or use depilatories? _____
(Wait 5 days between treatments.)

Have you had any dermal fillers in the last week? _____

What is your occupation? _____

Do you participate in vigorous sports or aerobic activity?

Have you ever had a peel before? _____ or within the last 14 days? _____

What kind? _____

Describe your reaction: _____

Have you had recent facial surgery? _____

Are you allergic to: (circle all that apply)

Milk, apples, citrus, grapes, Aloe Vera, Aspirin, or any essentials oils?

Any other allergies? If so, what? _____

Describe your skin: (Circle all that apply)

Normal, Oily, T-Zone/Combination, Freckled, Sun-Damaged, Uneven/ Blotchy, Mature, Wrinkled, Saggy, Firm, Large pores, Small pores, Acne, Milia, Blackheads, Breakouts, Cysts, Scarring, Melasma, Rosacea, Telangiectasia Broken-Capillaries, Sallow, Hype pigmented, Hypo pigmented.

Do you consider your skin to be sensitive or resilient? _____

Eye Colour: (Circle one)

Blue, Green, Hazel, Grey Light, Brown, Dark Brown

Hair Colour: (Circle one)

Blonde, Red Light, Brown, Medium Brown, Dark Brown, Black, Grey/Silver White

Skin Tone: (Circle one)

Pale White, Light Reddish/Freckles, Light Olive, Medium Olive, Dark Olive, Brown, Dark

What is your heritage? _____

How do you heal from a cut? Circle one **Brown pigment/ Pink then fades to white**

Are you using/ have you used:

Retin A _____ (If yes, please advise) _____

How frequently? _____ Where do you apply it? _____

Accutane: _____ How long for? _____

Hormone/other medication: _____

Glycolic or other AHA home care products. If so, which one(s)?

How does your skin react to them?

Have you ever used any products that caused a bad reaction? Please describe:

Do you smoke? _____ Get cold sores? _____

What is your home skin care regime?

What about your skin bothers you and what would you like to have improved?

Treatment Recommendation:

Skin Specialist: _____

Date: _____