

History

Are you currently under the care of a physician? Yes No Explain: _____

Do you have any allergies to foods or medications? Yes No Explain: _____

Are you currently on any medications either topical or oral? Yes No If yes, please list:

Ethnic Background (Parents, Grandparents and Great Grandparents): _____

How do you heal after an acne breakout, cut or scratch? No scar Red Brown (PIH)

Do you smoke? Yes No

Are you prone to cold sores? Yes No If yes, date of last cold sore? _____

Do you have an allergy to Latex? Yes No

Do you tan in the sun or in tanning beds/booths? Yes No

Please check the skincare products you are currently using:

Cleanser Toner Serum Scrub Mask Eye Cream Moisturizer

Sunscreen Self Tanner Concealer Makeup Other _____

Anything else we should know: _____

The answers I have provided are true and correct to the best of my knowledge.

Client Signature

Date

Provider Signature

Date