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Skin Care Consultation

		Date:
Name:	DOB:	
Address:		•
Cell Phone:	Email:	
☐ I DO NOT wish to be notified of s]	pecials and promotions.	
How did you hear about us?		
The aging process is multiface Please complete this analysis so individually.	· ·	•
Are you a member of either one of tl	ne following rewards programs? (Circle one)
Brilliant Distinctions	Aspire Rewards	
If the answer is no and you receive i you. If you are NOT interested and vinitial here	•	•
Please fill in the following regarding	injections and skin therapy:	
	Date of last treatment	Type of product
Botox/Dysport/Xeomin		
Filler (Restylane, Juvederm, etc.)		
Chemical Peel		
Laser/ Light Therapy		
Microdermabrasion/ Needling		
Are you currently being treated by a	dermatologist? Y/N	
If yes, what for?		
Have you taken Accutane (acne med	lication) within the last 6 months?	P Y/N
Have you used a Retinol or Retin-A	in the past 5 days? Y/N	
Have you ever had a fever blister (co	old sore)? Y/N	
Do you? (circle all that apply)		
Smoke Consume alcoho	l Exercise Tanning bed Take vi	tamins Eat well

Are you pregnant or nursing? Y/N

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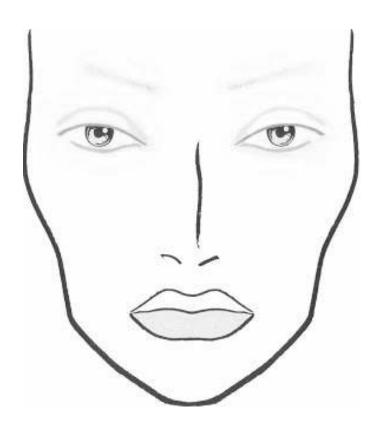
List any current medical problems:	
Past Surgeries:	
Have you ever been diagnosed with a connective treatment with Sculptra Aesthetic is contraindical	tissue disease such as Lupus or Scleroderma? (If so ted) Y / N $$
List any allergies to food or drugs:	
What medications are you currently taking on a	a daily basis?
(Please include dose and frequency)	
Do you bruise easily? Y/N Does your skin	heal quickly? Y/N
Have you or anyone in your immediate family have	d: (circle)
Skin Cancer Acne Rosacea Allergies	
Would you consider your skin to be: (circle one)	
Oily T-zone Normal Dry Dehydra	ated
Have you ever considered your skin to be sensitive	ve? Y/N
How does your skin tan? (circle one)	
Burn Burn then tan Usually tan Tan qu	<u>uickly Never burn (brown) Never Burn (black)</u>
What do you use to:	
Cleanse your face?	Exfoliate (toner)?
Moisturizer?	Mask or peel?
Sunblock?	Eye or lip product?
Other skincare products?	
What is your main goal regarding your skin?	

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Injection Treatment Record (Office use only)





Botox/Dysport units:_____
Product Label:

Notes:____