Please Print: Date: ______________________
Name: ______________________________________

Date of Birth: ______________________________

Telephone: Home: __________________ Work: __________________ Cell: ______________________

Address: ____

E-Mail: ____

Spouse Name: _______________, Number of Children: ___ Social Security Number:__________________

Occupation: __________________________ Where Employed: __________________________________

Who can we thank for referring you to our office: ____

Where did you hear about us: Newspaper Sign Yellow pages Internet Radio

What are your goals for your skin? ____

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Do you use a facial: Cleanser Moisturizer Toner Exfoliator RetinaA Scrub Peel Mask Botox

Please list any allergies or reactions that you have: ____

Do you currently have a cold sore, fever blister, or open sore on your face or neck? Yes No

Are you on any type of blood thinner, such as: Coumadin, aspirin, empirin, asper willow, lecithin, vitamin E, plavix, other: __________________

Are you wearing contacts: Yes No

Estimate of how many ounces of water you drink per day: _________ Bottled, Tap, or Spring water

Estimate of amount of caffeine: _______ alcohol: _______ and soda: _______ consumed per day.

Do you exercise? Yes No What kind? __________ How often? __________

Do you smoke? Yes No How much per day? _________

Do you suffer from any health conditions? ____

Do you have a pace maker? Yes No

Is there a chance you may be pregnant? Yes No

Have you had Botox injections? Yes No When?___________________

Have you had cosmetic surgeries? Yes No When?___________________

Do you currently get facial waxing/electrolysis/or use depilatories? _________________________________

Have you ever been diagnosed with Rosacea? Yes No

Is there anything else I should know about your health before performing any treatments on your skin?

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WE ACCEPT PAYMENT BY CASH, CHECK, CREDIT CARD, AND CARECREDIT

I understand that all services are to be paid in full at the time of service.

I certify that the information that I have given here is true and accurate to the best of my knowledge.

Signed____ Date________________________