

**New Client Information Form**

Name:Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_Race\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We may call you to confirm your appt. Please use the numbers that you wish us to call

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(We use emails to notify our customers about Specials, and do not disclose this information to anyone)

Referred by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health History**

If checked please explain below

|  |  |  |  |
| --- | --- | --- | --- |
|  | Pregnant/lactating |  | History of Accutane use (in past 6 months) |
|  | Allergy to Lidocaine (Xylocaine) |  | Active inflammation or acne |
|  | History of serious allergies (anaphylaxis) |  | Communicable disease |
|  | History of facial cold sores or genital herpes |  | HIV or exposure to person with known HIV |
|  | History of hypertonic scarring (thick, raised scars) |  | Taking immunosuppressive drugs, steroids |
|  | Connective tissue disorder or autoimmune  |  | Use of blood thinner, aspirin, Motrin, Ibuprofen,  |
|  | disease |  | or Naproxen |
|  | Are you taking any mood altering or depression  |  | Hepatitis or known exposure to Hepatitis A,B, or C  |
|  | medication |
|  | Bleeding tendency |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies?** Yes No

If Yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any reactions to medications, drugs, tape, rubber, latex and type of reaction **i.e. hives, shock, etc**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all current medications and prescriptions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You and Your Skin Health**

What do you want to improve about your skin?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Fine Lines |  | Crow’s Feet |  | Facial Scars |
|  | Frown Lines |  | Color Irregularities |  | Acne Scars |
|  | Marionette Lines |  | Sun Damage |  | Cellulite |
|  | Worry Lines |  | Overall Skin Tone |  |  |
|  | Deep Smile Lines |  | Large Pores |  |  |

Your skin

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Oily |  | T-zone / Combination |  | Sensitive |
|  | Dry |  | Resilient |  | Not Sure |

What skin-products are you using at home right now?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you smoke? YES NO

|  |  |
| --- | --- |
| Have you ever had: | Have you ever had a skin allergy to: |
|  | Microdermabrasion |  | Cosmetics |
|  | Chemical Peel |  | Fabric |
|  | Collagen Replacement Therapy |  | Aspirin |
|  | Facial Resurfacing |  | Rash |
|  | Facial Surgery |  |  |

|  |  |
| --- | --- |
| Hormones (females only): | How do you tan? |
|  | Regular periods |  | Burn |
|  | Going through Menopause |  | Usually burn |
|  | Take Birth control or estrogen |  | Burn then tan |
|  | During Pregnancy, did you ever get  |  | Usually tan |
|  | hyperpigmentation or masking? |  | Always tan |

|  |  |  |
| --- | --- | --- |
| Acne | Vascularity | Pigmentation |
|  | Pimples |  | Nose |  | Even |
|  | Whiteheads |  | Cheeks |  | Uneven |
|  | Blackheads |  | Chin |  | Birthmark |
|  | Enlarged Pores |  | Forehead |  | Pregnancy Mask |
|  | Flakiness |  | Entire Face |  |  |
|  | Acne Scars |  | Legs |  |  |

**Cancellations, Rescheduling and No Shows**

* As a courtesy, we make reminder calls to each of our scheduled clients the day before a scheduled appointment using the information provided to us.
* It is the responsibility of the client to inform us of any change of personal information such as phone numbers, mailing address, e-mail address and any other pertinent information
* In consideration of our scheduled clients we ask that each client make every effort to be on-time to their appointment. If a client is 15 minutes later or beyond we may need to reschedule the appointment for another day & time.
* If an appointment needs to be cancelled or rescheduled we require a 24 hour notice otherwise the client will be considered a no-show appointment.
* If you fail to notify us of your need to cancel or reschedule within 24 hours of your appointment date, you will be charged a $50.00 cancellation fee.

**The information on this form is correct to the best of my knowledge.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_