



## Client Profile

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

For monthly specials and exclusive discounts, please provide us with your e-mail address

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Emergency contact (name & #) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### **General Medical - Please check all that apply**

\_\_\_ High Blood Pressure

\_\_\_ Diabetes

\_\_\_ Hemophilia or other clotting disorders

\_\_\_ Mitral valve prolapse or valve implants

\_\_\_ Have taken Accutane in the last 6 months

\_\_\_ Are pregnant / were pregnant in the past 6 months or are currently nursing

\_\_\_ Ever had Hepatitis. When \_\_\_\_\_

\_\_\_ Ever had Cold Sores or ever been diagnosed with Herpes Simplex Virus

\_\_\_ Seizures? Describe \_\_\_\_\_

\_\_\_ Ever had make-up tattoos. Where/what \_\_\_\_\_

\_\_\_ Currently taking Multi Vitamins or other supplements. List \_\_\_\_\_  
\_\_\_\_\_

Please list all prescription medication \_\_\_\_\_

\_\_\_\_\_

Please tell us about any prior cosmetic procedures or surgeries \_\_\_\_\_

\_\_\_\_\_

Do you have any drug allergies or known sensitivities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please tell us about your goals – check all that apply**

\_\_\_ Comprehensive Skin Rejuvenation

\_\_\_ Treatment of sun damage or age spots:  Face  Chest  Neck  Hands  Back

\_\_\_ Skin toning – Tightening and firming

\_\_\_ Reduction of pore size

\_\_\_ Improvement of skin texture

\_\_\_ Reduction of fine lines and wrinkles?  Eyes  Mouth  Forehead  Other \_\_\_

\_\_\_ Treatment of acne and /or Chicken Pox Scarring

\_\_\_ Permanent reduction of unwanted hair. Where \_\_\_\_\_

\_\_\_ Treatment of Spider Veins

\_\_\_ Treatment of Facial Veins. Where: \_\_\_\_\_

\_\_\_ Cosmetic treatment of Rosacea

What skin care products are you currently using \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever used Retin A or Tretinoin? \_\_\_\_\_

Other concerns, questions or goals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_