SKINCYCLE

for all of your skin cycles

Confidential Skin Health History

Please answer the following questions so that we may have a better understanding of your general health and lifestyle, thereby enabling us to accurately analyze and assess your skin care needs.

PERSONAL INFORMATION

Name: _____

Date of birth: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Is it okay to text this number? ▢ Yes ▢ No

Email: _____

FACTORS THAT AFFECT SKIN HEALTH

1. Are you a smoker? ▢ Yes ▢ No
2. Are you pregnant? ▢ Yes ▢ No
3. Are you currently under the care of a physician? ▢ Yes ▢ No

If yes to #3, for what condition(s)? _____

_____

Please list all allergies: _____

Have you been diagnosed or treated for any of the following in the last 24 months? (check all that apply)

▢ Eczema ▢ High Blood Pressure ▢ Cancer ▢ Psoriasis ▢ Blood clots

▢ Acne ▢ Hormone Therapy ▢ Cold Sores ▢ Diabetes

▢ Other: _____

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What medications and supplements are you currently taking? _____

_____.

Your daily stress level is: ▢ Mild/Low ▢ Medium/Average ▢ High/Intense

Occupation: _____

How many ounces of water do you drink per day? _____

How often do you exercise? _____

Do you have any metal implants in your body? ▢ Yes ▢ No

If yes, where? _____

YOUR SKIN

What is the primary reason for your visit today? _____

What is the most important improvement you'd like to see in your skin? _____

_____

Please list any cosmetic procedures you have had in the last 12 months: _____

_____

What skin care line are you currently using? _____

Describe your daily skincare routine: _____

_____

How often do you wear sunscreen? ▢ Daily ▢ Occasionally ▢ Only when I am outside

Have you received any of the following procedures within the last 5 months?

▢ Microdermabrasion ▢ Facial Injections (Botox, Fillers) ▢ Derma-plane ▢ Waxing

▢ Micro-needling (CIT, PRP) ▢ Laser Procedures ▢ Other: _____

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I understand the information I have provided above is true and correct. I also understand that all information stated is strictly confidential and will not be shared outside of this facility in accordance with HIPAA regulations.

Signature: _____ Date: _____