

ComplexCity

Great Skin Without Surgery!

Skin Care Client Information Form

Name: _____ **DOB:** _____ **Age:** _____ **Phone #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **E-mail:** _____

Are you pregnant or lactating? Yes _____ No _____ **Do you wear contact lenses?** Yes _____ No _____ (remove lenses if doing peel).

Do you have permanent makeup? Yes _____ No _____ **If so where?** _____

Do you currently receive facial depilatories or waxing? Yes _____ No _____ wait 3 days after before receiving treatment.

Do you currently have a sunburn/windburn/red face? Yes _____ No _____ **Why?** _____

Are you in the habit of going to tanning booths? Yes _____ No _____ Discontinue use 5 days before treatment.

Are you applying any topical medications at this time? Yes _____ No _____ **Which ones?** _____

Are you currently using any topical Retinoid prescriptions (tretinoin/Retin-A/isotretinoin/Accutane/Renova/Differin/Tazorac/Avage/Epiduo/Ziana)? Yes _____ No _____ **What strength?** _____ **For how long?** _____

Discontinue use 5 days before treatment and 5 days after treatment.

Are you currently undergoing isotretinoin therapy (Accutane)? Yes _____ No _____ **How long?** _____ please consult physician before receiving any facial treatment.

Have you had a chemical peel or any type of procedure with a medical device?

Yes _____ No _____ **Within the last 14 days?** Yes _____ No _____ **What type?** _____

Do you have regular collagen, Botox, or other dermal filler injections? Yes _____ No _____

Have you recently had facial surgery? Yes _____ No _____ **Have you recently had laser resurfacing?** Yes _____ No _____

Are you allergic/sensitive to? (Check all that apply) milk _____ apples _____ citrus _____ grapes _____ aloe vera _____ aspirin _____ perfumes _____ latex _____ hydroquinone _____ mushrooms _____ If any other allergies please list _____

Are you taking any medication at this time? Yes _____ No _____ Please list _____

Eye Color: _____ **Hair Color:** _____ **Skin Tone:** Pale/White _____ Light _____ Medium _____ Reddish _____ Freckled _____ Sallow _____

Lt. Olive _____ Med Olive _____ Dark Olive _____ Lt. Brown _____ Med. Brown _____ Black _____

Do you consider your skin: Sensitive _____ Resilient _____ Unsure _____

Describe your skin? (Check all that apply) Normal _____ Dry _____ Combination _____ Thick _____ Saggy _____ Firm _____ Oily _____

Acne _____ Comodones/Blackheads _____ Milia _____ Cysts _____ Breakouts _____ Acne-scarred _____ Large pores _____

Hyperpigmentation _____ Hypopigmentation _____ Uneven/Blotchy _____ Mature _____ Wrinkled _____ Patchy/Dryness _____ Sallow _____

Psoriasis _____ Dehydrated _____

What are the changes you'd most like to see in your skin? _____

I consent to photographs being taken to evaluate treatment effectiveness, for medical education, training, professional publications or sales purposes. Results are not guaranteed and refund won't be given for products or services.

VIP Membership is \$49/month. Members receive 20% discount on skin care services, laser hair removal and skin care products.

Membership fee/service doesn't roll over to next billing cycle.

Client Signature: _____ **Date:** _____