

Please select all skin conditions that apply:

- Tendency towards redness Sunburn/blush easily Skin breakouts
 Oily during day Dry skin Sensitive skin

Please select all past reactions/allergies that apply:

- Cosmetics Enzymes Fragrance Glycolic/Lactic acid
 Salicylic acid Sunscreens Algae Medicine
 Food:
 Other:

Please select all products you are currently using:

- Vitamin A/Retinol derivatives Exfoliating scrubs
 Any Hydroxyl acid product Glycolic/lactic acid

Please list current and past skincare treatments:

- Oral/topical prescription medication Facial waxing
 Injectable/dermal fillers Chemical peels/Photo facial
 Microdermabrasion Laser treatment:
 Facial cosmetic surgery Other:

Please list the medicines, herbs or vitamins you are using:

Please list the surgeries or major illness you had:

By signing below, I certify that the above information is complete and accurate to the best of my knowledge. I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosure. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release the esthetician from liability and assume full responsibility thereof.

Signature:

Date: