



Date: _____

Medical Intake Form

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact: (Name & Phone) _____

Primary Physician: _____

Do we have permission to contact you by phone or leave messages: Yes No

Preferred method of contact: Phone Text E-Mail

Do we have permission to show your photos for educational purposes? Yes No

Concerns

What concerns you most about the overall appearance of your skin? (check all that apply)

- Acne
- Acne Scarring
- Age Spots
- Blackheads
- Body Acne
- Broken Blood Vessels
- Bumps on back of arms
- Cellulite
- Cysts/Nodules
- Dehydrated Skin
- Dull Complexion
- Excessive Facial Hair
- Facial Veins
- Fine Lines/Wrinkles
- Frequent Breakouts
- Large Pores
- Loss of Lashes/Brows
- Melasma/Brown Spots/Patches
- Oily Skin
- Redness
- Rough/Uneven Skin Texture
- Rosacea
- Sagging Skin
- Sun Damage
- Under Eye Puffiness/Dark Circles
- Other: _____

How would you describe your skin? Oily Dry Combination Sensitive

How would you describe your stress level? Little Moderate High Severe

Do you feel your stress level may be affecting the health of your skin? Yes No

Are you in good health overall? Yes No Concerns: _____





History

Are you currently under the care of a physician? Yes No Explain: _____

Do you have any allergies to foods or medications? Yes No Explain: _____

Are you currently on any medications either topical or oral? Yes No If yes, please list:

Ethnic Background (Parents, Grandparents and Great Grandparents): _____

How do you heal after an acne breakout, cut or scratch? No scar Red Brown (PIH)

Do you smoke? Yes No

Are you prone to cold sores? Yes No If yes, date of last cold sore? _____

Do you have an allergy to Latex? Yes No

Do you tan in the sun or in tanning beds/booths? Yes No

Please check the skincare products you are currently using:

Cleanser Toner Serum Scrub Mask Eye Cream Moisturizer
 Sunscreen Self Tanner Concealer Makeup Other _____

Anything else we should know: _____

The answers I have provided are true and correct to the best of my knowledge.

Client Signature

Date

Provider Signature

Date

