

Skin Care Form

Name: _____

Date of Birth: _____

E-Mail Address: _____

Telephone: _____

Address & Zip Code: _____

How did you hear about us? Internet _____ Referral _____ Walk-By _____

What skin problems concern you?

Acne

Blackheads

Wrinkles Location _____

Dry Skin Location _____

Discoloration Location _____

Unwanted Hair Location _____

Skin Lesions or Spots Location _____

How do you currently care for you skin?

Cleanser: _____

Toner or Astringent: _____

Moisturizer: _____

Sunscreen: _____

Exfoliant: _____

Skin/Sun History

Do you spend time in the sun? Yes No If yes, how much?

Sunblock use? Yes No If yes, what SPF?

Self-Tanning Lotion Yes No

Have you ever had any skin cancer or precancerous skin lesions removed? _____

If so where? _____

Health History

Are there any health problems we should be aware of?

Are you currently taking any medication or antibiotics? (Retin A, Renova, or Adapalene)

Please list any allergies we should be aware of

Skin Care History

Have you ever had a deep peel or dermabrasion? Yes No

Have you ever had light peels, facials, or other skin care treatments? Yes No

Have you ever had Cosmetic Surgery? Yes No

Do you use any acne medication? Yes No

What are you skin care goals? _____

Cancellation & Late Policy:

We understand that there are times when you must miss an appointment due to an unexpected obligation or emergency. **However, if an appointment is not cancelled at least 24 hours in advance you may be subject to a \$25 fee.**

We also understand that delays can happen however we must try to keep the other patients and practitioners on time. If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment or get a shortened treatment time upon the therapist's discretion.

By signing this I agree that I understand and accept the terms of the cancellation policy of Holistic Touch.

Client Signature:

Date: _____

