

**SKIN CARE CONSULTATION FORM
AESTHETIC SURGERY ASSOCIATES**

Personal Information

Name: _____ Date: _____
Address: _____ DOB: _____
City: _____ State: _____ Zip: _____ Phone (H) _____
Referred by: _____ Phone (W) _____
Occupation: _____ Phone (C) _____
Email: _____

Medical Information

Please circle any health conditions you may have:
Claustrophobia, Diabetes, Epilepsy, Heart disease, High or Low Blood Pressure, Pacemaker, Herpes/Cold sores, Autoimmune Disorder, HIV/AIDS, Hepatitis, Cancer, Anxiety, Heavy scarring, Bleed easily, Liver disease

Please list all medications you are taking (including birth control pills, aspirin and/or vitamins):

Topical prescription products currently being used: (Retin-A, Tazorac, etc.) _____

Please list all surgeries, including cosmetic: _____

Please list all allergies or allergic reactions: _____

Have you ever taken Accutane? YES NO If so, when? _____

Lifestyle Information:

Circle your level of stress (1 being low – 10 being high) 1 2 3 4 5 6 7 8 9 10
Do you get 8 hours of sleep at night? YES NO How much water consumed per day? _____
Do you exercise regularly? YES NO Do you smoke? YES NO
Alcohol intake per day? _____ Do you have outdoor hobbies? YES NO
Do you suffer from PMS? YES NO Have you experienced menopause? YES NO

How much sun exposure have you received in the past? A LOT AVERAGE MINIMAL
How much sun exposure do you receive now? A LOT AVERAGE MINIMAL
What skin care products are you currently using? _____

Please circle any of the following that are a concern for you:

- | | | | | |
|-----------|-------------|-------------------|-----------|----------------|
| Dry skin | Acne | Fine lines | Eczema | Ingrown hairs |
| Oily skin | Whiteheads | Under eye circles | Psoriasis | Facial hair |
| Rosacea | Blackheads | Hyperpigmentation | Warts | Spider veins |
| Wrinkles | Cystic acne | Hypopigmentation | Cellulite | Sensitive skin |
| Waxing | | | | |

Have you ever undergone any of the following treatments?

- | | | |
|-----------------------------|--------------------|----------------------------|
| Facials from an Esthetician | Glycolic peels | Salicylic peels |
| Microdermabrasion | Jessner's peels | Permanent makeup |
| TCA Peels | Laser hair removal | Any other laser procedures |

Were you happy with the results? _____

What do you hope to achieve from this consultation? _____
