CONFIDENTIAL SKIN HEALTH QUESTIONNAIRE

(please print) Today's Date_____

First Name_____Last Name_____Date of Birth_____/_____/_____

Street_____Apt. #_____City_____State_____Zip_____

Phone Home ( ) _____ Work ( ) _____ Mobile ( ) _____

Dermatologist/Physician_____Phone ( ) _____

Emergency Contact_____Phone ( ) _____

What is your occupation:_____

E-Mail

TEXT MESSAGES

Yes _____ or No _____ To Receive Emails. **Please Initial.**_____. Do you want to Order Online? Yes_____ or No _____

Yes _____ or No _____ To Receive Text Messages for Appointment Confirmation.

Yes _____ or No _____ To Receive Text Messages on Promotions (Discounts and Specials and reminder on birthday deals)

"Note: Message and data rates may apply"

Referred by ☐ Mailer ☐ Walk-by ☐Yellow Pages ☐ Gift Certificate
☐ Friend *(Name*_____ ☐ Other_____

Esthetician's name _____

1. What is the reason for your visit today?_____

2. What special areas of concern do you have?_____

EXPECTATIONS and HISTORY

3. Which conditions would you like to improve?

☐ Acne	☐ Dark Spots	☐ Ingrown Hairs	☐ Other _____
☐ Acne Scarring	☐ Enlarged pores	☐ Skin Growths	
☐ Age spots	☐ Fine lines & wrinkles	☐ Stretch Marks	
☐ Broken capillaries	☐ Hyperpigmentation / Discoloration	☐ Surgical/facial scars	

4. Have you ever had a facial treatment in the past? ☐ Yes ☐ No

5. What was your experience?_____

6. How would you describe your skin?
☐ Normal ☐ Dry ☐ Oily ☐ Combination ☐ Sensitive ☐ Sun Damage

7. Do you ever experience ☐ Flakiness? ☐ Tightness?
☐ Redness? ☐ Excessive oily shine during the day?

8. What is your present skin regimen? **Name of Products**.

☐ Soap & water only_____ ☐ Cleanser_____ ☐ Toner_____

☐ Mask _____ ☐ Moisturize_____ ☐ Exfoliation_____

☐ Sun block every day_____ ☐ Masque_____ ☐ Other_____

9. Are you ever exposed to chemicals, oils, or other caustic substances that may aggravate your skin? ☐ Yes ☐ No
If yes, what are they?_____

10. Do you blush easily? ☐ Yes ☐ No

If yes, what are the contributing factors? ☐ Emotions ☐ Foods ☐ Temperature changes ☐ Other_____

11. Do you ☐ Sun bathe? ☐ Use a tanning bed? How Often?_____

12. Have you ever had ☐ Peels? ☐ Microdermabrasion ☐ Facial Surgery ☐ Cosmetic Surgery
☐ Botox ☐ Collagen injections ☐ Laser resurfacing ☐ How recently?_____

13. Are you under treatment for any current skin condition? ☐ Yes ☐ No

If yes, what?_____

14. Does your skin heal ☐ Fast? ☐ Scars? ☐ Pigments? ☐ Keloid?

15. Do you bruise easily? ☐ Yes ☐ No

16. Do you get sores/blisters (Herpes Zoster/Shingles)? ☐ Yes ☐ No

17. What medications/hormone replacement/vitamins do you presently take?

_____

18. Have you ever used ☐ Accutane ☐ Retin-A ☐ Renova ☐ Topical Antibiotics
☐ Differin ☐ Tarazac ☐ Alpha hydroxy acids? ☐ Hydroquinone (Lightener)

If yes, when and for how long?_____

19. Any personal or family history of skin cancer? ☐ Yes ☐ No

Provide detail_____

20. How would you describe your overall health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

21. Have you had any of the following past or present?

Acne	☐ Yes	☐ No	When_____
Allergies	☐ Yes	☐ No	
Arthritis or Bursitis	☐ Yes	☐ No	
Blood pressure	☐ High	☐ Low	☐ Normal
Breast implants	☐ Yes	☐ No	
Cancer	☐ Yes	☐ No	
Cataracts	☐ Yes	☐ No	
Cholesterol	☐ High	☐ Low	☐ Normal
Claustrophobic	☐ Yes	☐ No	
Diabetes	☐ Yes	☐ No	
Diarrhea/constipation	☐ Yes	☐ No	
Eczema	☐ Yes	☐ No	Where_____
Epilepsy	☐ Yes	☐ No	
Hay fever	☐ Yes	☐ No	
Headaches	☐ Yes	☐ No	How Often_____
Heart disease/conditions	☐ Yes	☐ No	What_____
Hepatitis	☐ Yes	☐ No	
HIV/AIDS	☐ Yes	☐ No	
Infections	☐ Yes	☐ No	
Lupus	☐ Yes	☐ No	
Menopausal	☐ Yes	☐ No	
Metal implants	☐ Yes	☐ No	
Pace maker	☐ Yes	☐ No	
Phlebitis	☐ Yes	☐ No	
Serious injury	☐ Yes	☐ No	What_____
Sleep problems	☐ Yes	☐ No	
Thyroid	☐ High	☐ Low	☐ Normal
Varicose Veins	☐ Yes	☐ No	
Do you smoke?	☐ Yes	☐ No	
Do you wear contact lenses?	☐ Yes	☐ No	

22. Have you ever had a reaction to: ☐ Cosmetics ☐ Metals ☐ Medications ☐ Food ☐ Fragrance
☐ Airborne particles ☐ Aspirin Other_____

23. **FOR WOMEN:** Oral contraceptives? ☐ Yes ☐ No
Are you pregnant or trying to get pregnant? ☐ Yes ☐ No
Are you taking hormone replacement? ☐ Yes ☐ No
Do you experience hormone imbalances? ☐ Yes ☐ No
FOR MEN: Do you shave with ☐ Electric Shaver ☐ Razor
Do you experience skin breakouts? ☐ Yes ☐ No
Do you have ingrown hair? ☐ Yes ☐ No

LIFESTYLE & DIET

1. Is your stress level	☐ High	☐ Medium	☐ Low
2. Do you normally sleep well?	☐ Yes	☐ No	
3. Do you regularly exercise?	☐ Yes	☐ No	
4. Do you have food intolerances?	☐ Yes	☐ No	
5. Do you follow any special diet?	☐ Yes	☐ No	

6. How many glasses of water do you consume daily?_____

7. How many glasses caffeinated beverage (coffee, tea, soft drinks) do you consume daily? ☐ 1-3 ☐ 4 or more

8. In our treatment program, it might be necessary to recommend alterations to or additions in your home care regimen; would that be OK with you? ☐ Yes ☐ No

INFORMED CONSENT RELEASE

I_____, do fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care. I understand that the practitioner will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if deemed necessary. I also am aware that individual results are dependent upon my age, skin condition and lifestyle. I agree to actively participate in following appointment schedules and home care procedures to the best of my ability, so that I may obtain maximum effectiveness. In the event that I may have additional questions or concerns regarding my treatment or suggested home product routine, I will consult with my practitioner immediately.

I release and hold harmless Fayces Skin Care and staff from any liability for adverse reactions that may result this treatment.

POLICIES (Cancellation and "No-Shows")

You must give us a TWO DAYS NOTICE if you need to cancel or change your appointment for any reason. We save a time slot for you. Most of the time, there are several other clients eagerly waiting for a cancellation. A **TWO DAYS NOTICE** allows us at least one business day to contact another client in desperate need of your time slot. Please help us reduce our no-show rate (and keep our treatment prices reasonable) by allowing our other clients the opportunity to get their treatments.

For Saturday appointments, you must confirm with us no later than 12 noon on Wednesday, or your appointment may be given to someone else without further notice to you. Those on a Series of 6 program will forfeit their treatment if they are a "no-show", have broken a Saturday appointment with too short notice, or arrived so late that "working you in" proves unworkable.

There is a $40 fee for missed appointments and cancellations with less than A TWO DAY NOTICE. If this happens twice, we stop booking appointments for you without advance payment. Thank you for your cooperation.

If you are not satisfied with your service or products, please contact Fayces Skin Care, (310) 313-3223 within Two Days after your appointment so that the situation can be corrected. It is our policy to provide you with the best professional service and products customized for your skin condition.

I have read and understood all of the foregoing information _____
Client signature

Your Initials _____ **Date_____/_____/_____**

Witness _____