I General Information

Name				Date	
Address			City	State	Zip
Date of Birth			Married Single Partner Divorced Widowed		
Home Phone	Cell Phone		Work Phone		
Email			Occupation		
Emergency Contact			Contact #		
Family Physician	May we contact them? Y / N		Contact #		
Referred By					
Have you had Acupuncture or Oriental medicine before? Y / N					
Are you presently under a doctor's care? Y / N	Who and for what condition/treatment?				
Are you presently under the care of a dermatologist or plastic surgeon? Y / N	Who and for what condition/treatment?				

II Focus

Please check any of the following which are of the most concern to you:

- ○ Bags / Swelling under eyes
- ○ Droopy eyelids
- ○ Vertical creases / furrows
- ○ Acne
- ○ Broken capillaries
- ○ Other skin conditions / issues: ____
- ○ Sagging Face
- ○ Double chin
- ○ Lusterless skin
- ○ Acne scarring
- ○ Dry skin
- ○ Oily skin
- ○ Sun damage
- ○ Large pores
- ○ Wrinkles
  - ○ Nasolabial (nose to mouth)
  - ○ Eyes (crow's feet)
  - ○ Lips
  - ○ Other __________________

____

What improvements would you like to see? ____

____

____

Please describe any skin sensitivities: ____

____

Allergies to Medications: ○ YES ○ NO If yes, to what?

Environmental Allergies: ○ YES ○ NO If yes, to what?

Allergy to Latex: ○ YES ○ NO	Do you wear makeup daily? ○ YES ○ NO	Do you wear sunscreen daily? ○ YES ○ NO
Do you smoke? ○ YES ○ NO	Have you ever smoked? ○ YES ○ NO How much? ___________ How long? __________	

Are you pregnant or trying to get pregnant? ○ YES ○ NO

III Health History

Please list any medications you are currently taking:
*A listing from your pharmacy or primary care physician is very helpful.

Please list any supplements you are currently taking:

Do you go to tanning booths? ○ YES ○ NO	Do you participate in vigorous aerobic activity or sports? ○ YES ○ NO

Do you get facial waxing / electrolysis / or use depilatories? ○ YES ○ NO
(If yes, wait approximately 5 days between treatments)

Please describe your current skin care regimen and products that you use (Cleanser, toner, astringent, exfoliation, masks, moisturizer, etc): ____
____
____
____

Please indicate if you currently have or had any of the following:

o Cancer/Skin Cancer
○ Diabetes
○ Varicose Veins
○ Heart Disease/Murmur
○ Embolism/Blood Clot
○ Frequent Rashes/Hives
○ Chronic Skin Disorder
○ Ear Problems/Infections
○ Difficulty Breathing
○ Mental Illness
○ High/Low Blood Pressure
○ Migraine Headaches
○ Seizure Disorder
○ Neurological Disorder
○ Immunological Disorder
○ Collagen Disease (Lupus, Scleroderma)
○ Sinus Problems
○ Stroke
○ Vertigo
○ Hepatitis
○ HIV/Aids
○ Asthma
○ Jaundice
○ Anemia
○ Photosensitive to Sunlight
○ Waxing/Tweezing
○ Electrolysis
○ Microdermabrasion
○ Laser Treatment
○ Tattoo or permanent make-up
○ Chemical Peel
○ Sclerotherapy
○ Botox/Dermal Fillers
○ Vitiligo
○ Herpes/Cold Sores/Sun Blisters
○ Keloid/Scarring
○ Use of Accutane for Acne
○ Liposuction

Other conditions not listed: ____

Do you have any implanted medical devices? ○ YES ○ NO ______________________________
(Pacemaker, Defibrillator, Glucose Monitor, Insulin Pump, Cochlear Implants, Neuro Stimulators, Ventricular Assist Device)

List any past or future surgeries:

IV Skin Type Classification Questionnaire

SCORE		0	1	2	3	4
	What is the natural color of your hair?	Sandy red	Blond	Chestnut, dark blond	Dark brown	Black
	What is the eye color?	Light blue, Gray, Green	Blue, Gray, Green	Blue	Dark brown	Brownish black
	What is the color of sun unexposed skin areas?	Reddish	Very pale	Pale with beige tint	Light brown	Dark brown
	How many freckles on unexposed skin areas?	Many	Several	Few	Incidental	None
	What happens when you are in the sun TOO long without sunblock?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns, sometimes followed by peeling	Rarely burns	Never had a problem
	How well do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easily	Turn dark very quickly
	Do you turn brown within one day of sun exposure?	Never	Seldom	Sometimes	Often	Always
	How does your face respond to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
	When did you last expose yourself to the sun or artificial sun treatments?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than 1 month ago	Less than 2 weeks ago
	Do you expose the area to be treated, to the sun?	Never	Hardly ever	Sometimes	Often	Always
	TOTAL					

- 00-07 points = Skin type I
- 08-16 points = Skin type II
- 17-25 points = Skin type III
- 25-30 points = Skin type IV
- 30-40 points = Skin type V & VI