



ADVANCED CENTRE  
for PLASTIC SURGERY  
*and medical day spa*

**SKIN CARE PATIENT PROFILE**

**SKIN HISTORY**

Do you consider your skin to be:  Normal  Dry  Oily  Combination

Specific skin concerns:

Occasional Breakouts  Acne  Acne Scars  Dark Spots  
 Uneven Skin Tone  Sensitive  Sun Damage  Fine Lines or Wrinkles  
 Uneven Skin Texture  Other (please specify): \_\_\_\_\_

Please choose the skin type that most describes your skin:

Highly sun sensitive, always burn, never tans.(Type 1)  Very sun sensitive, burn easily, tans minimally.(Type 2)  
 Sun sensitive, sometimes burn, tans lightly.(Type 3)  Some sun sensitivity, sometimes burn, tans brown.(Type 4)  
 No sun sensitivity, rarely burn, tans well.(Type 5)  No sun sensitivity, never burn, deeply pigmented.(Type 6)

Location of concern:

Face  Neck  Back  Eyes  Lips  Hands  Upper Chest  Other: \_\_\_\_\_

**MEDICAL HISTORY**

(please check all that apply)

Pregnant  Nursing  Warts  Diabetes  Metal Implants  High Blood Pressure  
 Eczema  Psoriasis  Skin Cancer  Pacemaker  Cystic Acne  Cardiac Irregularities  
 Epilepsy  Seizures  Cancer  Smoker  Acne Scars  Contact Lenses

Have you received any depilation or hair removal treatment in the past 7 days? YES or NO If so, when? \_\_\_\_\_

For the protection of you and our staff, please check if you have any of the following:

Herpes Simplex (cold sores)  HIV/AIDS  Hepatitis

Is there a specific health condition we should be made aware of? \_\_\_\_\_

Past or current use of oral or topical medications:

Cleocin  Sulfur/Sulfa Meds  Retin-A/Renova  Tazorac  
 Differin  Erythromycin  Glycolic Products  Bleaching Agents  
 Benzoyl Peroxide  Accutane  Alpha Hydroxy Acids  Beta Hydroxy Acids  
 Oral Antibiotics  Birth Control  Other (please specify): \_\_\_\_\_

Allergic reactions to the following:

Sulfur/Sulfa  Benzoyl Peroxide  Alpha Hydroxy Acids  Aspirin  
 Hydroquinone  Beta Hydroxy Acids  Latex  Other: \_\_\_\_\_

**GENERAL INFORMATION**

What is the brand name of the products you use at home? \_\_\_\_\_

Do you use any of the following skin care products at home?

Cleanser  Toner  Exfoliant/Scrub  Serum  
 Moisturizer  Mask  SPF (Sunscreen)  Other (please specify): \_\_\_\_\_

Have you received a peel, epi-blading, microdermabrasion or laser resurfacing in the past? YES or NO If so, when? \_\_\_\_\_

What treatment would you be interested in receiving from our paramedical aesthetician today?

Facial  Chemical peel  Jessner/TCA peel  Epi-blading  Waxing  Makeup  Consultation

Name (Last, First): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_