AESTHETIC SKIN CARE CENTER
Michelle J. Place, M.D., F.A.C.S

Regina Martens, R.N.

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- **Last name:**_____ **First Name**_____ **MI**____
- **Phone:** _____ **DOB**_____
- **Address:**

  _____

  _____
- **City:** _____ **State:**_____ **Zip:**_____
- **Occupation:**_____ **Age:**_____
- **Referred By:**_____ **Date of Consultation:**_____
- **Which conditions would you like to improve?**

☐ **Hyperpigmentation**
☐ **Acne scarring**
☐ **Fine lines**
☐ **Scars**
☐ **Other**
☐ **Sun damage**
☐ **Age spots**
☐ **Acne** **#months/years**
☐ **Enlarged pores**

- **Areas to be treated:**_____
- **How sensitive is your skin?**_____
- **Are you currently under a physician's care?**_____
  Reason:_____
- **Are you pregnant or planning to be?** _____
- **Do you have or have you had acne?**_____
- **Does your skin have capillary conditions?**_____
- **Do you have diabetes?**_____
- **Do you wear contact lenses?**_____
- **Do you smoke?**_____ **If not, were you ever a smoker?**____
- **How long?**_____

❖ **Have you visited a skin care specialist before?**_____

❖ **Allergies** **Medications**

_____ _____

_____ _____

❖ **Do you have or have you ever had any of the following:**

☐ **Keloid scarring** ☐ **Acne scarring** ☐ **Dermatitis**

☐ **Excema** ☐ **Skin cancer** ☐ **Cold sores**

☐ **Hepatitis** ☐ **HIV**

❖ **Have you ever had any of the following treatments:**

☐ **Chemical peel** ☐ **Laser peel** ☐ **Similar treatment**

☐ **Glycolic peel** ☐ **Botox** ☐ **Cosmetic surgery**

❖ **What skin care product(s) are you presently using?**

☐ **Cleanser** ☐ **Moisturizer**

❖ **Do you use or have you ever used any of the following products?**

☐ **Retin A** ☐ **AHA** ☐ **Hydroquinone**

❖ **Did you experience any reactions?**_____**-**

❖ **Comments:**

I, _____

fully understand all the questions above and have answered them all correctly and honestly. Furthermore, I know that it is my responsibility to alert the clinician about any recent surgeries or skin resurfacing procedures. Without the above disclosure I understand that the attending clinician cannot optimize the effectiveness of my skin care treatments treatments, which are designed to provide clients with superior results.

I UNDERSTAND THAT A CANCELLATION FEE WILL APPLY IF A 48 HOUR NOTICE IS NOT GIVEN FOR A RESCHEDULING OF APPOINTMENT.

Client: **Date:**

Skin Care Specialist: **Date:**