



# The Skin Inn Confidential Skin Health Questionnaire

## Client Information

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Family Physician \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Referred by \_\_\_\_\_

Have you been treated for: (please circle)  
 Acne Depression Skin Disease Cancer  
 High Blood Pressure Diabetes  
 Do you smoke? \_\_\_\_\_  
 List all medications you are currently taking  
 \_\_\_\_\_  
 Pregnant? \_\_\_\_\_ Trying to get pregnant? \_\_\_\_\_  
 Hormone therapy? \_\_\_\_\_ Prone to cold sores? \_\_\_\_\_  
 Used Retinols/Retin A in the last 72 hours? \_\_\_\_\_  
 Allergic to aspirin/shellfish/sulfur? \_\_\_\_\_

## Personal Information

Circle your current level of stress: 1 2 3 4 5 6 7 8 9 10  
 Ounces of water you drink daily? \_\_\_\_\_ Supplements/Vitamins? \_\_\_\_\_  
 Do you exercise? \_\_\_\_\_ If so, how often? \_\_\_\_\_ Your last sunburn? \_\_\_\_\_ Do you use tanning beds? \_\_\_\_\_  
 When you go out in the sun, do you (circle one):  
 Always burn Usually burn Sometimes burn Rarely burn Very rarely burn Never burn  
 Have you ever been under the treatment plan of a:  
 Dermatologist \_\_\_\_\_ Plastic surgeon \_\_\_\_\_ Esthetician \_\_\_\_\_  
 Have you had post cosmetic injectables within the past 2 weeks? \_\_\_\_\_  
 What skin line are you currently using? \_\_\_\_\_  
 Do you use a daily SPF? \_\_\_\_\_  
 Circle how you feel about the overall quality of your skin: (bad) 1 2 3 4 5 6 7 8 9 10 (fantastic)  
 Your skin type is? (please circle only one): Normal Dry/Dehydrated Oily Acne/Acne Prone Rosacea  
 In order of importance, please rank 1 (most important) to 5 (least important) improvement in the next 30 days:  
 \_\_\_\_\_ Reduction of fine lines \_\_\_\_\_ Reduction of brown spots/sun damage \_\_\_\_\_ Reduction of redness  
 \_\_\_\_\_ Reduction of oil/acne \_\_\_\_\_ Acne scars diminished

## Consent

\_\_\_\_\_ By initialing here, I understand that The Skin Inn values your business and ask that you respect the spa's scheduling policies. Should you need to cancel or reschedule, please notify us at least 24 hours in advance.

\_\_\_\_\_ By initialing here, I hereby give my consent and authorization voluntarily and release The Skin Inn from any claims, implied or stated, that I have or may have in the future with this treatment or any others, including Advanced Skin Care Services, regardless of result. I am stating that precautions of this treatment or any others have been explained to me in detail and that I fully understand.

\_\_\_\_\_ By initialing here, I understand that if I have any questions, concerns or comments regarding my skin or the treatment(s) that I receive, I should contact The Skin Inn at 772-546-1222

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

