

# The Skin Inn Confidential Skin Health Questionnaire

## *Client Information*

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

Have you been treated for: (please circle)  
Acne    Skin Disease    Cancer    Diabetes  
Currently under the treatment of Accutane? \_\_\_\_\_  
Do you smoke? \_\_\_\_\_  
List all medications you are currently taking  
that make your skin sensitive or light sensitive: \_\_\_\_\_  
\_\_\_\_\_  
Pregnant? \_\_\_\_\_ Trying to get pregnant? \_\_\_\_\_  
Prone to cold sores? \_\_\_\_\_  
Used Retinols/Retin A in the last 72 hours? \_\_\_\_\_  
Allergic to aspirin/shellfish? \_\_\_\_\_  
Allergic to glues/adhesives? \_\_\_\_\_

## *Personal Information*

Ounces of water you drink daily? \_\_\_\_\_  
Your last sunburn? \_\_\_\_\_  
When you go out in the sun, do you (circle one):  
Always burn    Usually burn    Sometimes burn    Rarely burn    Very rarely burn    Never burn  
Do you use a daily SPF? \_\_\_\_\_  
Have you ever been under the treatment plan of a:  
Dermatologist \_\_\_\_\_ Plastic surgeon \_\_\_\_\_ Esthetician \_\_\_\_\_  
Have you had cosmetic injectables within the last 2 weeks? \_\_\_\_\_  
What skin line are you currently using? \_\_\_\_\_  
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 and voluntarily 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. This includes Skin Care Services, Speciality Services, Lash & Brow Services, and any Add-on Treatments, 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:** \_\_\_\_\_

*Physician Signature & Approval for Treatment*

I certify that I have reviewed this client's confidential skin health questionnaire and consent form. As Supervising Physician, I approve this client for IPL Photorejuvenation & Collagen Regenerative Therapy according to the protocols filed with the state.

**Supervising Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_