

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 _____

Currently under the treatment of Accutane? _____
Pacemaker present? _____
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? _____

Do you smoke? _____

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 been treated for: (please circle)

Acne Skin Disease Cancer Diabetes

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 or you may be charged in full for your scheduled service.

_____ 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 Therapy according to the protocols filed with the state.

Supervising Physician's Signature: _____

Date: _____