



512skincare

your look... our passion

Name _____ Date _____ DOB _____

Address _____ City _____ Zip _____

Email _____ Cell Phone # _____

Would you like to be on our email list to receive monthly treatment and product specials? Yes No

Would like future appointments and follow up communication sent via TEXT message Yes No

How did you hear about us? _____ Are you on Facebook? Yes No

Tell Me About Your Skin

*For an effective, personalized treatment, please be as accurate as possible

Skin Type

- Normal
- Dry
- Acne
- Combination
- Mature
- Sensitive
- Oily
- Breakouts
- Rosacea

What skin conditions would you like to improve?

- Acne/Acne Scarring
- Pustules (inflamed)
- Enlarged Pores
- Blackheads/Whiteheads
- Hyper-pigmentation (brown spots)
- Age Spots
- Visible Capillaries
- Sun Damage
- Fine Lines/Wrinkles

Other _____

Have you ever been prescribed Accutane?[®]™?

- Yes No
- (last date used) _____

Please check if using any of the following

- Hydroquinone
- Topical Vitamin C
- Retinoid (Vitamin A derivatives) i.e. Retin-A, Renova, Differin, Tazorac
- Other _____
- Glycolic /Alpha Hydroxy Acid

Are you sensitive to any skin care ingredients or cosmetics?

- Yes No
- (if yes, please explain)
- _____
- _____

Have you recently received any of the following?

- Facial Date _____
- Microdermabrasion Date _____
- Chemical Peels Date _____
- Dermaplaning Date _____
- Lash/Brow Tint (circle) Date _____

Have you ever had any of the following?

- Botox Injections Date _____
- Restylane Injections Date _____
- Collagen Injections Date _____
- Laser Resurfacing Date _____
- Rhytidectomy (Face Lift) Date _____
- Rhinoplasty (Nose) Date _____
- Blepharoplasty (Eye lift) Date _____
- Skin Cancer Date _____
- Other _____ Date _____

What products do you currently use?

- Cleanser Brand _____
- Toner Brand _____
- Eye Cream/Serum Brand _____
- Antioxidant Serum(s) Brand _____
- Corrective Serum(s) Brand _____
- Sunblock Brand _____
- Moisturizer Brand _____
- Masks/Exfoliators Brand _____
- Make-up Brand _____
- Clarisonic

Please complete back side

General Health

Do you suffer from allergies?

(Sulfa, food, iodine, medications, hay fever, latex)

Yes No (If yes; please specify)

Are you currently undergoing chemotherapy or radiation therapy? Yes No

Are you currently taking any medications, herbs, vitamins?

Yes No (If yes; please specify)

Do you have any facial implants? No Yes

When exposed to the sun, do you?

Burn easily Tan Easily
 Never Burn Never Tan

Are you under a physician's care for any reason? _____

How is your general health? _____

Is there any other information we should know before beginning your treatment?

Have you ever been diagnosed with any of the following?

Anxiety Cancer Hemophilia
 Depression Diabetes Hepatitis
 Migraines Thyroid Herpes(HSV1)
 Asthma Epilepsy HIV
 Sinus Problems Heart Problems
 High/Low Blood Pressure MRSA

How many glasses of water do you consume daily? _____

For women only.....

HRT Menopause
 Pregnant Birth Control Pills

Do any of the following apply to you?

Smoker Wear Contacts
 Eat Spicy foods Exercise

Are you interested in education/specials for the following: (circle those of interest)

Botox Fillers Laser Cosmetic Surgery

Please add me to Dr. Walden's quarterly emails/promotions?

Yes No

Please LIKE US on Facebook and Find us on Twitter for Skin Care and Product Tips*

We appreciate your reviews on YELP and Google Places

I release 512skincare and its associates from any liability related to any unforeseen outcomes pertaining to any and all treatments.

I confirm that the answers I have given are correct and I have not withheld any information that may be relevant to my treatment.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____