



512skincare

your look... our passion

Name _____ Date _____

DOB _____ Address _____

City _____ Zip _____ Cell Phone _____

Email _____

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

How did you hear about us? _____

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)
- Other _____
- Age Spots
- Visible Capillaries
- Sun Damage
- Fine Lines/Wrinkles

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 _____
- Last used _____

Are you sensitive to any skin care ingredients or cosmetics?

- Yes
 - No
- _____
- _____

Do you sunbath or participate in outdoor activities? Please explain : _____

Have you recently received any of the following?

- Facial Date _____
- Microneedling Date _____
- Chemical Peels Date _____
- Dermaplaning Date _____
- Laser IPL Date _____
- Resurfacing Date _____
- Scar Revision Date _____
- Microlaser Peel Date _____
- Hair Removal Date _____

Have you ever had any of the following?

- Botox Injections Date _____
- Filler Injections 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 _____
- Topical Prescription Brand _____
- How often _____
- Last use _____
- Sunblock Brand _____
- Moisturizer Brand _____
- Masks/Exfoliators Brand _____
- Make-up Brand _____
- Other _____

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?

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

How is your general health?

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

Botox Fillers Laser Cosmetic Surgery

Any other information we need to know to properly treat you today?

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

I release 512skincare and Dr. Jennifer Walden and 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.

By signing below, I grant my permission to 512skincare to photograph/video me and capture my image and may be used to promote, display, use and/or exhibit. Names will not be associated with photos. All photographs are property of 512skincare.

Signature _____

Date _____