

# JEN CORLEY

## SKIN CARE SPECIALIST

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### Client Profile & History

- |  |  |
|--|--|
| <p>Y N</p> <p><input type="checkbox"/> Allergies _____</p> <p><input type="checkbox"/> Bleaching Creams _____</p> <p><input type="checkbox"/> Ever taken Accutane? When _____</p> <p><input type="checkbox"/> Have you used Tretinolin?</p> <p><input type="checkbox"/> Zovirax</p> <p><input type="checkbox"/> Birth Control Pills</p> <p><input type="checkbox"/> Breast Feeding</p> <p><input type="checkbox"/> Skin Tans</p> <p><input type="checkbox"/> Pre-Cancerous Lesions _____</p> <p><input type="checkbox"/> Mole Removal? When _____</p> <p><input type="checkbox"/> Electrolysis/Laser? When _____</p> | <p>Y N</p> <p><input type="checkbox"/> Medications _____</p> <p><input type="checkbox"/> Retin-A _____</p> <p><input type="checkbox"/> Do you have Herpes Simplex?</p> <p><input type="checkbox"/> Valacyclovir</p> <p><input type="checkbox"/> Vates</p> <p><input type="checkbox"/> Currently Pregnant</p> <p><input type="checkbox"/> Attempting Pregnancy</p> <p><input type="checkbox"/> Burns</p> <p><input type="checkbox"/> Lesion Removal? When _____</p> <p><input type="checkbox"/> Facial Hair Removal _____</p> <p><input type="checkbox"/> Permanent Make-up _____</p> |
|--|--|

### Previous Resurfacing / Peels Procedures (Dates)

- |  |   |
|--|---|
| <p><input type="checkbox"/> Pumpkin Peel _____</p> <p><input type="checkbox"/> TCA _____</p> | <p><input type="checkbox"/> Retinol _____</p> <p><input type="checkbox"/> Other _____</p> |
|--|---|

### Home Skin Care Products

Cleanser Times/Day \_\_\_\_\_ Toner / Astringent \_\_\_\_\_  
 Moisturizer \_\_\_\_\_ Eye Cream \_\_\_\_\_  
 Exfoliator \_\_\_\_\_ Sunscreen \_\_\_\_\_  
 Other \_\_\_\_\_

### Areas of Concern

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Lines/Wrinkles  | <input type="checkbox"/> Skin Texture                           | <input type="checkbox"/> Skin Elasticity | <input type="checkbox"/> Acne Scars     |
| <input type="checkbox"/> Even Color Tone | <input type="checkbox"/> Psoriasis/Eczema                       | <input type="checkbox"/> Skin Disorder   | <input type="checkbox"/> Enlarged Pores |
| <input type="checkbox"/> Pigmentation    | <input type="checkbox"/> Acne (pimples, whiteheads, blackheads) | <input type="checkbox"/> Other           |   |

### Skin Color Analysis

Caucasian	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Very Dark	_____
African American	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Very Dark	_____
Asian	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Very Dark	_____
Indian	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Very Dark	_____
Hispanic	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Very Dark	_____
Ethnic Combination	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Very Dark	_____

If you miss, cancel or change your appointment with less than 24 hours notice, you will be charged \$50 for the first appt, \$75 thereafter \_\_\_\_\_ (initial)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_