

JEN  CORLEY  
SKIN CARE SPECIALIST

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

**Client Profile & History**

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

**Previous Resurfacing / Peels Procedures (Dates)**

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

**Home Skin Care Products**

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

**Areas of Concern**

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

**Skin Color Analysis**

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

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

If you miss, cancel or change your appointment with less than 24 hours notice, you will be charged \$25