



THE ASPEN LEAF

SPA RX

Facial Intake

Name *

First

Last

Address

Phone Number *

Email Address *

Date of Birth

Referral

- Phone Book Newspaper Brochure Sign Doctor
 Google Friend Other

If doctor, friend, or other, please name:

Reason for visit

Please check if you are presently using the following:

- Accutane Glycolic Acid/Alpha Hydroxy Acid
- Hydroquinone
- Any prescription strength topical i.e. steroids, Retin-A, Tazorac, Differin, etc

Please select all that apply.

Which conditions do you want to improve?

- Hyperpigmentation (Brown Spots) Acne/Acne Scarring
- Sun Damage Enlarged Pores Fine Lines & Wrinkles
- Age Spots Surgical Facial Scars

Please select all that apply.

Other conditions you want to improve?

Have you ever had an allergic reaction to any skin product or cosmetic?

- Yes
- No

FEMALE CLIENTS, please check if:

- You are on hormone replacement therapy
- You are presently taking birth control pills
- You are pregnant or planning to be

ALL CLIENTS, please check if

- You use a sunscreen/sun block
- You sunbathe or participate in outdoor activities
- You have or ever had acne
- You are using medications for acne
- You have seen a dermatologist in the past year

- You are presently under a doctors care
- You have had herpes (cold sores)
- You have been treated with Zovirax or any medications for herpes
- You have epilepsy diabetes, or other auto-immune disorders
- You have used Biore or snore strips

Have you had any of the following?

- Cosmetic Surgery Botox Injections Skin Cancer
- Dermatitis Keloid Scarring Laser Resurfacing/IPL
- Chemical Peels Hepatitis Dermal Fillers

Are you allergic to Asprin, Iodine, Seaweed, or anything else?

Do you do the following?

- Smoke
- Take nutritional supplements
- Diet
- Exercise
- Wear contact lenses
- Have skin treatments and facials
- Had electrolysis or waxing in the past week
- Had permanent cosmetics

How is your general health?

- Excellent
- Good
- Fair
- Poor

What skin care products are you currently using?

What is it about your skin you would like to change?

Anything else I should know?

Required *

I agree to give a 24-hour notice of cancellation or I will be responsible to pay the full session fee or will forfeit a session in any pre-paid package.

Signature and Date