

Integrated Aesthetics

Name: _____ Phone: _____ d.o.b: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail: _____ How did you hear about us? _____

Your Health

Are you under the care of a dermatologist? N / Y Name: _____
Have you been diagnosed with, please circle: epilepsy / diabetes / thyroid disorder / cancer / high blood pressure / arthritis / seizure disorder / hepatitis / hormone imbalance / blood clotting abnormalities / active infections
Have you undergone surgery in the past year? N / Y Please circle your stress level: low 1 – 2 – 3 – 4 high
Do you smoke or live with a smoker? N / Y Do you exercise regularly? N / Y
Follow a restricted diet? N / Y Do you wear contact lenses? N / Y
Disclose medications/oral antibiotics/supplements/diuretics that you take regularly that may cause sun sensitivity _____

Your Skin

Do you have any special skin problems pertaining to your face or body? N / Y _____
What skin care products are you using currently? Please circle: soap / cleanser / toner / day moisturizer / spf / masque / eye crème / bleaching agents / night moisturizer / depilatory products / self tanners

Exfoliation History

Have you had chemical peels, microdermabrasion or any resurfacing treatments in the last month? N / Y
Do you use? Please circle: vitamin A / Alpha or Beta Hydroxy Acid / scrub
Are you prone to cold sores? N / Y

Hydration

How much water do you consume daily? _____ Do you sunbathe or use tanning beds? N / Y

Do you ever experience these conditions please circle: flakiness / tightness / obvious dryness
Mild dehydration = light purple Severe dehydration = deep purple

Vascularity

Pinch = blanche cleanse = pink woods = pink blanche Do you blush easily when nervous? N / Y
Do you burn easily in moderate sunlight? N / Y
Do you have a tendency to redness? N / Y Do you suffer sinus problems? N / Y

Sebaceous Activity

Do you ever experience oily shine during the day? N / Y Do you ever experience skin breakouts? N / Y

Hyperpigmentation

Epidermal = appears brownish Dermal = appears black/blue

Nerve Activity

Do you drink more than 4 caffeinated beverages during the day? N / Y
Do you ever experience a burning, itching sensation on your skin? N / Y
What is your pain threshold? Please circle: low / medium / high Have you ever experienced claustrophobia? N / Y
Have you ever had a reaction to any of the following? Please circle: medicine / iodine / pollen / hydroxyl acids / sunscreens sulfur / nuts / aspirin / latex / lidocaine / hydroquinone / milk / apples / citrus / grapes / aloe vera / mushrooms / alcohols

Female Clients Only

Are you taking oral contraception? N / Y
Are you pregnant or trying to become pregnant? N / Y Lactating? N / Y Have or due for your menstrual cycle? N / Y

Male Clients Only

What is your current shaving system? Please circle: electric / blade
Do you experience irritation from shaving? N / Y Do you experience ingrown hairs? N / Y

Skin Care Goals

Please rank top 3 concerns: ___relaxation ___brightness ___hyperpigmentation ___oil ___acne ___redness
___laxity ___fine lines ___dryness ___roughness

Glogau Photodamage Classification Scale

Please circle which type best describes you:

Type I: 1) few, if any wrinkles, 2) minimal pigment changes 3) no keratosis 4) little to no makeup needed.

Type II: 1) wrinkling as skin moves 2) slight lines near eyes & mouth 3) minor discoloration 4) keratosis but not visible 5) requires some makeup.

Type III: 1) visible wrinkles all the time 2) noticeable discolorations 3) visible keratosis & capillaries 4) generally needs makeup.

Type IV: 1) wrinkles throughout 2) yellow-gray color to skin 3) actinic keratosis with or without malignancies 4) wears makeup with poor coverage 5) sagging skin

Fitzpatrick Skin Typing Scale

How do you tan? Please circle number that best describes you.

I – White skin, red or blonde hair, blue eyes, always burns, has freckles, very fair skin, English, Scottish or Scandinavian descent

II – White skin, blonde hair, green or blue eyes, always burns, has freckles, difficult to tan, fair skin, N. European descent

III – White, light brown hair, blue or brown eyes, tan after burns, may freckle, pale skin, German descent

IV – Brown skin, brown hair & eyes, tans more easily than average, rarely burns or freckles, olive skin, Mediterranean, S. European or Hispanic descent

V – Dark brown skin, brown or black hair, brown eyes, tans easily, rarely burns, no freckles, Asian, Indian, African descent.

VI – Black, black hair, black or brown eyes, tans, never burns, deeply pigmented, never has freckles, African descent

Skin Aging Index

FACTORS	POINTS				SCORE
Complexion Type	1 Black	2 Asian	3 S.European	4 N.European	
Smoker	2 5 Years	4 10 Years	6 15 Years	8 20 Years	
Sun exposure index	2 Indoors	4 Sometimes	6 Mostly	8 Outdoors	
TEXTURE CHANGE	POINTS				
Wrinkles (% of potential lines)	1 <25%	2 <50%	3 <75%	4 <100%	
Sallow Color	1 Normal	2 Dull	3 Yellow	4 Brown	
Crinkly (thin & parchent)	1	2	3	4	
Pebbly appearance (% w/ yellow nodules)	2 <25%	4 <50%	6 <75%	8 <100%	
LESIONS	POINTS				
Freckles (small & brown)	1 <25%	2 <50%	3 <75%	4 <100%	
Lentigines (dark, irregular, # present)	2 <2	4 <4	6 <6	8 ≤8	
Telangiectasia (# present)	1 <5	2 <10	3 <15	4 ≤20	
AK's and SK's (# present)	2 <2	4 <4	6 <6	8 ≤8	
Skin Cancers # present & by history	2 1ca	4 2ca	6 3ca	8 4ca	
Senile Comedones # in cheek area	1 <5	2 <10	3 <15	4 ≤20	

I understand that my participation in my skin care treatments will determine the outcome. It is important that I adhere to my home care regimen that has been recommended to me. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update Integrated Aesthetics of any changes to my health status. I acknowledge that the therapist will not be responsible for any injury arising because of an unreported condition or concern. I understand the therapist is neither trained nor licensed to provide medical treatment, diagnose, and prescribe drugs or medication. I acknowledge that these treatments are not a substitute for medical examination or diagnosis, and that is recommended I see a primary health care provider for that service. I understand that with any treatment certain risks are involved & that complications or side effects from known or unknown causes could occur. I freely assume these risks I hereby give my consent voluntarily & release Integrated Aesthetics from any claims, representations or guarantees about specific results. I will call to inform my practitioner of any complications or concerns I may have as soon as they occur. By my signature, I acknowledge having read & understood the precautions. I consent to receive indicated treatments.

Client Name

Client Signature

Date