

Lisa A. Albera, L.E.
Licensed Skincare Specialist:

Health Questionnaire:

Name: _____ Date: _____

Full Address: _____

Home Phone: _____ Bus Phone: _____

Cell Phone: _____ Date of Birth: _____

Referred By: _____ Email: _____

What products are you currently using on your skin?: _____

What is the reason for your visit today?: _____

Have you had any facial injections if so what and when? _____

Do you prefer Hot, Warm, or Lukewarm water when bathing? (circle one)

When receiving a massage do you prefer Firm, Medium or light pressure? (circle one)

At the end of your facial would you prefer your skin to feel squeaky clean or hydrated?
(circle one)

When you go out into the sun do you always burn, usually burn, tan without difficulty,
mild burn tans easily, rarely burn, very rarely burn tans easily or doesn't burn tans very
easily? (circle one)

Do you have any allergies to the following? (circle please)

Aspirin or aspirin products, Benzoyl Peroxide, Glycolic Acid, Latex Gloves, Sulfur
Products, Rubbing Alcohol, Witch Hazel, Aloe Vera, Vitamin E,D,C or A.

Are you currently under the care of a physician for a specific condition? If yes, list
reason(s). _____

List any and all medications you are taking (include ointments and creams prescribed by
a physician).

Mark any of the following that apply to you: (circle please)

Epilepsy, Smoker, Heart problems, Blood Thinners, Contact Lenses, Keloid Scars, And
Skin Conditions, Eczema, Diabetes, Vascular Lesions, Active Acne, Skin Cancer,
Pregnant/Nursing, Sinus Infections, Hepatitis, Facial/Oral Surgery, Facial Implants,
Dermatitis, Auto Immune Disease, High/Low Blood Pressure, Viral Lesions/Herpes,
Using any Retin-A, Salicylic Acid, Alpha or Beta Hydroxy products or Accutane? If yes,
please explain any marked item: _____

When was your last facial treatment and what type of treatment was performed? _____

My signature states that I agree to assume the risk of any injury or damage that I or the
minor I am signing for might incur. This including but not limited to redness, crusty
skin, breakouts, oozing, infection, allergy to any chemicals or wax products such as peels,
broken capillaries and or scarring. I agree to rescind my right to sue Lisa Albera and or
anyone performing these services. I have careful read and understand this is a release of
liability and sign this of my own will.

Signature of client or guardian: _____ **Date:** _____