

# Heather's Holistic Health, LLC Skin Care Form

Name \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Women- Are you pregnant? Yes or No \_\_\_\_\_
2. Do you smoke? Yes or No \_\_\_\_\_
3. Are you under a doctor's care for skin care? Yes or No \_\_\_\_\_
4. Have you ever had skin cancer? Yes or No \_\_\_\_\_
5. Do you wear contact lenses? Yes or No \_\_\_\_\_
6. What special areas of concerns do you have? \_\_\_\_\_
7. Are you taking birth control pills? Yes or No \_\_\_\_\_
8. Are you on hormone replacement? Yes or No \_\_\_\_\_
9. Have you ever used Accutane? How long? Yes or No \_\_\_\_\_
10. Do you have acne? Yes or No \_\_\_\_\_  
Breakouts or blemishes? Yes or No \_\_\_\_\_
11. **MEN** – Do you have ingrown hairs? Yes or No \_\_\_\_\_ Shaving irritation? Yes or No \_\_\_\_\_
12. Do you have allergies to cosmetics, foods, or drugs? \_\_\_\_\_  
\_\_\_\_\_

13. What type of results would you like to see? \_\_\_\_\_

14. Are you using now or in the past? (please circle) Accutane Azelex Differin  
Renova Retin-A Tazatac Glycolic Alpha-hydroxy Acids

15. Please circle if you are affected by or have any of the following:

Asthma Any Skin Disease Metal Implants Cardiac Problems Hepatitis Pacemaker  
Lupus Claustrophobia Herpes/Fever Blister High Blood Pressure Eczema  
Epilepsy Immune Disorder Headaches Sinus Problems

16. Do you have any sensitivity to any scents or aromatherapy? Yes or No \_\_\_\_\_ What kind? \_\_\_\_\_

17. Are you taking any medications? Oral or Topical? Please list

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18. How does your skin feel? (please circle)

Comfortable Oily Tight Delicate Dry Easily Irritated

19. How would you describe your reaction to sun exposure on your face? (please circle)

Always Burns Never Tans Burns Easily Sometimes Burns  
Gradually Tans Rarely Burns Always Tans Tans Tans Well

20. How did you find out about us? Our website \_\_\_ Phone Book \_\_\_ Newspaper \_\_\_ Yelp \_\_\_

Woman's Journal \_\_\_ Facebook \_\_\_ Twitter \_\_\_ Drive by \_\_\_ Newsletter \_\_\_

Other \_\_\_ Friend \_\_\_ Referral \_\_\_ /Name of Referral \_\_\_\_\_

In case of emergency please notify \_\_\_\_\_ Phone \_\_\_\_\_

I have completed this form to the best of my knowledge. I understand that the services offered are not a substitute for medical care, and any information provided by the therapist is for educational and cosmetic purposes only and not diagnostically prescriptive by nature. I understand that the information herein is to aid the therapist in safely giving better services and is completely confidential.

Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_