HENDERSON
MED SPA

Facial Consultation Form

General Information

Name:_____ Date: _____

Date of birth:_____ Age:_____ ☐ Female ☐ Male ☐ NB

Adress:_____

City:_____ State:_____ Zip: _____

Phone:_____ Email: _____

Family Doctor: _____ Emergency Contact: _____

Pharmacy: _____

Medical History- Current or Chronic

- ☐ Acne
- ☐ Allergic Dermatitis
- ☐ Arthritis
- ☐ Asthma
- ☐ Bacterial/ Viral Infection
- ☐ Blood disorder
- ☐ Cancers
- ☐ Compromised healing
- ☐ Diabetes
- ☐ Eczema
- ☐ Ehlers-Danlos syndrome
- ☐ Heat Urticaria
- ☐ Heart condition
- ☐ Hepatitis
- ☐ Herpes/ Fever blisters
- ☐ HIV/ AIDS
- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- ☐ Hysterectomy
- ☐ Immune disorders
- ☐ Insomnia
- ☐ Keloid scarring
- ☐ Low blood presure
- ☐ Lupus
- ☐ Melasma
- ☐ Metal bone pins\plates
- ☐ PCOS
- ☐ Phlebitis, Blood clots
- ☐ Prior Radiation treatment
- ☐ Psoriasis
- ☐ Scleroderma
- ☐ Seborrhea
- ☐ Seizure/ Epilepsy
- ☐ Skin disease\lesions/ cancer
- ☐ Thyroid condition
- ☐ Varicose veins
- ☐ Vitiligo

Any other conditions: _____

Any Skin conditions: _____

Any known allergies? (including medications/ food/ latex/ other):

_____

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Any recent surgery, including plastic surgery? Yes ☐ No ☐

Are you pregnant or trying to become pregnant? Yes ☐ No ☐

List any medications you take regularly, including vitamins, herbal supplements, asprin:

List any prior Gold treatment (chrysotherapy, aurotherapy, Gold sodium thriomalate (GST)):

List ANY systemic/ oral steroids you are taking (e.g. prednisone, dexamethasone):

Have you taken any blood thinners in the last 7days (e.g.. aspirin, NSAIDs, Warfarin, Coumadin, Pradaxa, Eliquis, Xarelto, Lovenox, other blood thinners)? Yes ☐ No ☐

if yes, when? _____ Which drug? _____

Skincare History

Have you ever had facial treatment before? Yes ☐ No ☐

If yes, please explain: _____

What would you like to achieve from your treatment today? _____

Please check current products you use:

- ☐ Eye make-up remover
- ☐ Cleansing Cream
- ☐ Facial Soap
- ☐ Skin Toner\Astringent
- ☐ Body Soap
- ☐ Mask
- ☐ Facial Scrub
- ☐ Exfoliants
- ☐ Body Lotion
- ☐ Body Scrub
- ☐ Eye Cream
- ☐ Day Cream
- ☐ Night Cream
- ☐ Neck Lotion
- ☐ Hand Cream

What is your skin type?	Do you get bruises easily?	How does your skin heal?	Your exposure to the sun?	What type of foundation do you wear?
☐ Normal	☐ Never	☐ Fast	☐ Never	☐ Liquid
☐ Dry	☐ Light	☐ Slow	☐ Light	☐ Cream
☐ Oily	☐ Moderate	☐ Scars	☐ Moderate	☐ Powder
☐ Combo	☐ Exessive	☐ Pigments	☐ Exessive	☐ None
☐ Unsure				

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Have you ever used acne medication? ☐ Yes ☐ No
if yes, when? _____ Which drug?_____

Have you in the last 3 months used Retin-A, Renova, AHA's or Retinol\Vitamin A derivate products?

☐ Yes ☐ No If yes please describe: _____

Have you had collagen, Restylane, or Botox injections within the last six months? ☐ Yes ☐ No
If yes please describe: _____

Have you had unprotected sun exposure, used tanning creams (including sunless tanning lotions), or tanning beds or lamps in the last 4-6wks? ☐ Yes ☐ No

Have you used in the last 3months any of the following- glycolic acid, other alphahydroxy or betahydroxy acid products, exfoliating or resurfacing products or treatments? ☐ Yes ☐ No
If yes please describe:_____

Do you have any permanent makeup, tattoos, implants, fillers? ☐ Yes ☐ No
If yes please describe:_____

By signing below, you agree to the following:

I have filled out this form as completely and truthfully as I can. I consent to updating the technician on any changes to the previously provided information. I consent to release my technician and the employer from all liability for any harm or losses brought on by any falsification of my medical history.

_____ _____

Client Name (printed) Client Name (signature):

Date: _____

HENDERSON
MED SPA

Skin Analysis Form

General Information

Name: _____ Date: _____

Date of birth: _____ Age: _____ ☐ Female ☐ Male ☐ NB

Adress: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Skin Analysis

Skin type: ☐ Normal ☐ Oily ☐ Dry ☐ Sensitive ☐ Combination

Pores: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Moisture content: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Elasticiy: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Acne: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Skin senstivity: ☐ Senstive ☐ Normal ☐ Hyper Senstive

Fine lines (Glogau scale):

☐ I - None ☐ II - Wrinkles in motion

☐ III - Wrinkles at rest ☐ IV -Mostly wrinkles

Medication:

Known allergies:

Previous treatments:

Life style: ☐ Active ☐ Sedentary

Notes