



Medical Aesthetic Intake Sheet

Patient's Name _____ Date _____

Have you ever had any of the following treatments?

- Botox When was your last treatment? _____
- Restylane When was your last treatment? _____
- IPL When was your last treatment? _____
- Microdermabrasion When was your last treatment? _____
- Peel (Lactic, Glycolic, Salicylic) When was your last treatment? _____
- Facial When was your last treatment? _____
- Thermage When was your last treatment? _____
- Laser Hair Removal When was your last treatment? _____
- Cosmetic surgery When? _____

What are your skin concerns? Please check any and all that apply.

- Fine lines and wrinkles
- Deep lines and wrinkles
- Acne
- Redness
- Brown Spots
- Facial Veins
- Facial Hair
- Jowls (sagging skin around the jaw)
- Tone/Texture

Are you interested in more information on any of these services?

- Botox
- Restylane
- IPL
- Microdermabrasion
- Peel (Lactic, Glycolic, Salicylic)
- Facial
- Thermage

What skincare products are you currently using?

Do you wear sunscreen daily? Yes, which brand? _____ No

Have you ever had skin cancer? Yes, when and what kind _____

No

Do you use any prescription medication for your skin? If yes, please list.

Have you ever had cold sores? If yes, when was your last outbreak _____

(Aesthetic Intake Continued)

Do you have problems with scarring? Yes No

Do you have any problems with anesthesia? Yes No

Do you have any problems with bleeding? Yes No

Signature _____