



CLIENT PROFILE

DATE:

460 No. Main Street • Corona, CA 92880 • (951) 768-0471

NAME: _____ PHONE No. _____

ADDRESS: _____ WORK No. _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ AGE: *UNDER 18 _____

18-25 _____	41-50 _____
26-34 _____	51-60 _____
35-40 _____	61 & OVER _____

EMAIL: _____ OCCUPATION: _____

REFERRED BY: _____

MEDICAL HISTORY:

Do you smoke? YES _____ NO _____	Do you wear contact? YES _____ NO _____
Are you pregnant? YES _____ NO _____	Do you take birth control? YES _____ NO _____
Are you using Retin A? YES _____ NO _____	Are you using Glycolic? YES _____ NO _____
Are you taking Accutane? YES _____ NO _____	
Are you under a doctor's care now? YES _____ NO _____	Please explain: _____

Have you had facial surgery or deep chemical peels? YES _____ NO _____ If yes, how long ago? _____

Are you allergic to anything? YES _____ NO _____ Please list: _____

Are you currently taking any medications/vitamins? Please list: _____

Do you have acne breakouts? YES _____ NO _____ How often: Monthly _____ Weekly _____ Rarely _____

How would you describe your skin? Normal _____ Oily _____ Dry _____ Combination _____

What would you like to change and/or improve about your skin? _____

Have you had facial treatments in the past? YES _____ NO _____ How long ago? _____

What would help make your skin service exceptional today? _____

I certify that the above information is true and accurate, to the best of my ability.

Signature: _____ Date: _____

*(If under the age of 18 years old, a parent or guardians signature is required)