**DERMA OASIS AESTHETICS**

**Confidential Skin Health Questionaire**

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| Client Information | Medical Information |
| Date | Date of Birth Age |
| Name | Do you smoke? How often? |
| Address | Have you been treated for: (please circle) |
| City/State/Zip | Acne Depression Skin Disease |
| Home Phone | Coldsores Diatetes Cancer High blood Pres. |
| Work | List of all allergies/Allergic: |
| Cell | List of all medications currently taking |
| Email |  |
| Occupation | Are you pregnant? |
| Referred by | Are you prone to cold sores? |

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| --- |
| Personal Information |
| Circle your current level of stress 1 2 3 4 5 6 7 8 9 10 |
| Circle your normal level of stress |
| How many ounces of water do you drink daily? Do you take supplements/vitamins |
| Do you exercise? How often? Your last sunburn? Tanning Beds? |
| When you go out into the sun, do you (circle one)  Always burn/Never Tan(I) Burn easy/Tan with Difficulty(II) Burn moderately/tans gradually (III)  Rarely burn/always tan well (IV) Rarely Burn/Tan Easily (V) Never Burn / Deeply Pigmented ( (VI) |
| Have you ever been under the treatment plan of a:  Dermatologist Plastic Surgeon Esthetician Would you be interested in cosmetic surgery? |
| If yes, what procedure? |
| What skincare line are you currently using? |
| What is your skin regimen? |
| Do you use sun protection? SPF? |
| Circle how you feel about the overall quality of your skin:  (Bad) 1 2 3 4 5 6 7 8 9 10 (Fantastic) |
| In order of importance, please rank 1 (most important) to 5 (least important) improvement in the next 30 days:  Reduction of fine lines Acne Scars Diminished  Reduction of Brown Spots/Sun damage Reduction of Redness  Reduction of oil/acne |
| Would you like to hear our professional skincare recommendation for your skin conditions? |
| Would you open to our professional treatment recommendation? |

Thank you for completing this confidential questionnaire. This information will allow your professional skincare specialist to provide the optimum products and services

Treatment Consent Signature Date