Grand Rapids Natural Health, LLC

www.grnaturalhealth.com

638 Fulton St. W, Suite B

Grand Rapids, MI 49504

T: (616) 264-6556

F: (616) 432-3564

Organic Skin Care Intake Form

Date_____

Name_____ Date of Birth_____ Age_____

Phone (to confirm appointments)_____ Email_____

Address_____ City_____ State_____ Zip_____

Emergency Contact_____ Phone Number_____ Relation_____

Medical Information

Do you currently have or ever had any of the following?

- ☐ Pacemaker
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Epilepsy
- ☐ Cancer
- ☐ Stroke
- ☐ Hysterectomy
- ☐ Prosthetics
- ☐ Hemophilia
- ☐ Warts
- ☐ Phlebitis/ Thrombosis
- ☐ Plates/Implants/Pins
- ☐ Joint Replacements
- ☐ Thyroid Conditions
- ☐ Diabetes
- ☐ Osteoporosis
- ☐ Hormone Replacement
- ☐ Herpes or Cold Sores
- ☐ Prone to Cold Sores
- ☐ Skin Tumor
- ☐ Claustrophobia
- ☐ Eczema
- ☐ Psoriasis
- ☐ Autoimmune
- ☐ Polycystic Ovarian Syndrome
- ☐ Ulcers
- ☐ Varicose Veins
- ☐ Braces
- ☐ Skin Pigmentation
- ☐ Acne
- ☐ Keloid Scars
- ☐ Rosacea
- ☐ TMJ
- ☐ Other _____

Are you Pregnant, possibly pregnant, or breast-feeding? ☐ Y ☐ N

List Current Medications _____

List all allergies (food, environmental, medication, etc.)_____

Are you using or have used any of the following?

- ☐ Retinoids (Retin-A, Renova, Differin, Tazorac)
- ☐ Hydroquinone (Lustra, Tri-Luma, EpiQuin Micro)
- ☐ Steroids/Cortisone Creams
- ☐ Metronidazole (MetroGel, Flagyl)
- ☐ Tetracycline/Minocycline
- ☐ Benzoyl Peroxide
- ☐ Isotretinoin (Accutane)
- ☐ Alpha or Beta Hydroxy Acids (Glycolic, Lactic, or Salicylic)

Ointments or medications to treat acne or skin conditions _____

Have you ever reacted to any skincare products? ☐ N ☐ Y _____

Have you seen a Dermatologist in the past year? ☐ N ☐ Y _____

Skin Information

What products do you currently use on your face?

AM:
Cleanser_____
Toner_____
Moisturizer_____
Sunblock- SPF#_____
Other_____

PM:
Cleanser_____
Toner_____
Moisturizer_____
Sunblock- SPF#_____
Other_____

How is your skin during the day?
☐ Oily all over ☐ Shiny in T-Zone ☐ Tight, Dry, or Flaky ☐ Red or Irritated ☐ Other_____

Do you sunbathe or use tanning beds? ☐ N ☐ Y Does your face turn red easily? ☐ N ☐ Y
Have you been out in the sun or in a tanning bed in the past two weeks? ☐ N ☐ Y
When did you last expose your body to the sun (or artificial sun lamp/tanning bed? _____

When you sunbathe or get accidental sun, how does your skin respond?
☐ Always burn, never tan ☐ Burn easily, tan poorly ☐ Burn first, tan okay
☐ Occasionally burn, tan easily ☐ Very rarely burn, tan very easily ☐ Never burn, always tan darkly

Do you exercise on a regular basis? ☐ N ☐ Y
How much water do you drink per day? ☐ Little ☐ Average ☐ A lot (1 gallon)
How much caffeine do you consume per day? ☐ None ☐ Some ☐ A lot
Do you smoke? ☐ N ☐ Y

Please check areas of concern:
☐ Premature Aging
☐ Sun Damage
☐ Oil Control
☐ Pore Size, Surface Condition, or Texture
☐ Pigmentation: Redness or Discoloration
☐ Other Skin Condition_____
☐ Acne and/or Blemish Control
☐ Dryness and Irritation
☐ Stress Reduction and Relaxation

What are you skincare goals, or what brought you in today?_____
_____

Have you had any of the following?
☐ Cosmetic Surgery ☐ Botox, Fillers, or Injections ☐ Laser Resurfaceing or CO_2 ☐ Photo Facials
☐ Permanent Makeup ☐ Laser Hair Reduction ☐ Microcurrent ☐ LED Light Therapy
☐ Microdermabrasion ☐ Dermaplanning ☐ Chemical Peels ☐ Waxing

Have you had any surgery in the past 12 months? ☐ N ☐ Y _____

How did you hear about Grand Rapids Natural Health's Organic Skincare services? _____