PASC
PACIFIC ADVANCED SKIN CARE

{805} 473. 7311
1353 Shell Beach Road, Pismo Beach, CA 93449
www.pacificadvancedskincare.com

CONTACT INFORMATION

Date: _____ Date of Birth: _____ Gender: ○ Male ○ Female

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Emergency Contact: _____ Emergency Contact Phone: _____

How did you hear about us? _____

If a friend or family member referred you please tell us who they are so we can send them gratitude: _____

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CONFIDENTIAL CLIENT INFORMATION

All information you provide us with is strictly confidential and will be accessed by Pacific Advanced Skin Care staff for the sole purpose of evaluating your needs and providing services. Please check all items that apply to you.

○ I am currently taking over-the-counter or prescription medications. Please list: _____

○ I am currently taking vitamins or supplements. Please list: _____

○ I have medication allergies or sensitivities. Please list: _____

○ I have allergies or sensitivities to other products or substances. Please list: _____

What kind of work do you do? _____

How often do you exercise? _____

What activities or hobbies do you participate in regularly? _____

Have you ever been diagnosed with any of the following health conditions?

○ Skin Cancers ○ Contact Dermatitis ○ HIV/AIDS ○ Herpes ○ Eczema ○ Hemophilia ○ Hepatitis

○ Please check if you have had one or more lymph nodes removed.

Please check all that apply:

○ Current smoker or recently quit ○ Wear contact lenses ○ Are currently pregnant or nursing

Please list any food or skin care ingredients that you are or may be allergic to such as gluten, sulfur, essential oils etc. _____

Have you ever or do you currently take an oral form of Retin-A (such as Accutane or Renova), use a topical Retin-A treatment, or a Topical Steroid Cream? If so, which have you used and when? _____

SKIN HISTORY

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SKIN TYPE

Please check all of the following that apply to you.

◯ Normal ◯ Dry ◯ Oily ◯ Combination ◯ Sensitive / Breakout
◯ Acne ◯ Mature ◯ Very sensitive / Rosacea

Do you have any of the following issues with your skin?

◯ Acne Scars ◯ Acne lesions (cysts) ◯ Dilated Capillaries ◯ Hyperpigmentation (brown spots from sun, scars, etc.)
◯ Papules (inflamed) ◯ Pustules (inflamed) ◯ Enlarged pores ◯ Blackheads ◯ Whiteheads ◯ Ingrown hairs

SKIN CONCERNS

Eye Area: ◯ Crow's Feet/Wrinkles ◯ Lack of Elasticity ◯ Puffiness ◯ Dark Shadows
Mouth Area: ◯ Wrinkles ◯ Hyperpigmentation ◯ Nasolabial Folds
Cheek Area: ◯ Loss of Elasticity ◯ Hyperpigmentation ◯ Dilated Pores ◯ Cross Wrinkling (sun damage) ◯ Uneven Tone ◯ Visible Capillaries
Neck/Decolletes Area: ◯ Wrinkles ◯ Severe Sun Damage ◯ Lack of Elasticity ◯ Hyperpigmentation

Have you recently received microdermabrasion, an enzyme peel, an acid peel, or waxing? If so, which and when?

_____

Do you use any of the following products? If so, please specify the brand.

Eye Make-Up Remover _____ Exfoliator _____
Cleanser _____ Mask _____
Toner _____ Make-Up _____
Moisturizer _____ Sunscreen _____

How often do you tan? _____ Times per month About how many hours do you spend in the sun or tanning per week? _____

How often do you receive a facial? _____

If there is anything you could change about your skin, what would it be? _____

Are there any specific issues or concerns about your skin that you would like to address with us today or in the future?

_____

Massage Pressure (gentle, medium, deep): _____

Date: _____ Signature: _____

◯ Please check this box if you would like to receive our monthly email for specials on services and products.
We never share your info and you can opt out at any time.