CONFIDENTIAL
SKIN HEALTH HISTORY

Aesthetics by Cherrie

Please answer the following confidential questions so that we may have a better understanding of your general health and lifestyle, thereby enabling us to accurately analyze and assess your skin care needs.

Date

Personal Information

Name

Date of Birth

Street address

Street address line 2

City

State

Zip code

E-mail address

Phone

Best time to reach ○ AM ○ PM

Do you smoke? ○ Yes ○ No

List all medications taken

Allergies

Are you currently under the care of a physician?

Are you pregnant/breast feeding?

If under care of a physician, for what condition(s)?

Please select any of the following you have been treated for:

- [ ] Acne
- [ ] Skin Disease
- [ ] Cold Sores
- [ ] High Blood Pressure
- [ ] Diabetes
- [ ] Cancer
- [ ] Hormone Therapy

Your daily stress level is:

- ○ Mild/Low
- ○ Medium/Average
- ○ High/Intense

How much water do you drink a day?

How often do you exercise?

Do you have any metal implants in your body?

- ○ Yes
- ○ No

If yes, where?

Ethnic Background:

Occupation:

Your Skin:

On a scale of 1 to 10 (1=Horrible, 10=Fantastic) please rate how you feel about the overall look of your skin

How often do you wear facial sunscreen?

- ○ Everyday
- ○ Occasionally
- ○ Only when I'm outside

If you go out in the sun without sunscreen, how often do you burn?

- ○ Always
- ○ Most of the time
- ○ Sometimes
- ○ Rarely burn
- ○ Very rarely
- ○ I never burn

Please list any cosmetic procedures you have had in the last 12 months:

What skin care line are you using?

Describe your daily skin care routine

What is the most important improvement you would like to see in your skin?

Do you receive any of the following procedures regularly?

- ☐ Waxing
- ☐ Facial Injection
- ☐ Microdermabrasion
- ☐ Chemical Peels
- ☐ Other

I understand the information I have provided above is true and correct. I also understand that all information stated is strictly confidential and will not be shared outside of this facility due to HIPPA regulations.

Text Signature - Type your name below as your signature

SUBMIT FORM