

# BODY GARAGE SKIN CARE HISTORY FORM



Patient \_\_\_\_\_ Date \_\_\_\_\_

## Skin Disease History: (Please circle all that apply)

Acne	Eczema	Psoriasis
Actinic Keratosis	Flaking or Itchy Scalp	Rosacea
Asthma	Hay Fever/Allergies	Squamous Cell Skin Cancer
Basal Cell <b>Skin Cancer</b>	Melanoma	Other _____
Blistering Sunburns	Poison Ivy	_____
Dry Skin	Precancerous Moles	

Do you have a family history of Melanoma? YES NO If yes, which relative? \_\_\_\_\_

Do you have a history of Keloid Scarring (thick or raised scars from cuts or burns)? YES NO

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? YES NO If yes, please describe: \_\_\_\_\_

What topical medications or creams are you currently using? Retin-A Taxorac Renova Avita Other \_\_\_\_\_

Are you currently taking or have you taken Accutane in the past 9 months? YES NO

## Skin Care History: (If yes, please note when)

Self Tanner	YES NO	_____
Tanned Skin	YES NO	_____
Waxing	YES NO	_____
Tweezing	YES NO	_____
Previous Laser Treatment	YES NO	_____
Permanent lip/brow tattoo	YES NO	_____
Cosmetic Fillers	YES NO	_____
Chemical Peels	YES NO	_____
Microdermabrasion	YES NO	_____
Facials	YES NO	_____

Have you had any previous cosmetic procedures other than listed above? YES NO

If yes, please list: \_\_\_\_\_

## Social History:

Do you exercise? YES NO How often? \_\_\_\_\_

Do you eat a healthy diet? YES NO How often? \_\_\_\_\_

Do you consume alcohol? YES NO How often? \_\_\_\_\_

Level of outdoor activity: (Occupation, sports, boating, beach) High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_

Do you currently have a sun burn? YES NO

Do you use a sunscreen? YES NO If yes, what SPF? \_\_\_\_\_ Do you tan in a tanning salon? YES NO

**Please circle which skin type (I to VI) describes you best:**

SKIN TYPE	SKIN COLOR	CHARACTERISTICS
I	White; very fair; red or blond hair; blue eyes; freckles	Always burns, never tans
II	White; fair; red or blond hair; blue, hazel, or green eyes	Usually burns, tans with difficulty
III	Cream white; fair with any eye or hair color; very common	Sometimes mild burn, gradually tans
IV	Brown; typical Mediterranean Caucasian skin	Rarely burns, tans with ease
V	Dark Brown; mid-eastern skin types	Very rarely burns, tans very easily
VI	Black	Never burns, tans very easily

**Skin Concerns:**

What are you looking to improve? List your top 3 cosmetic concerns:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Is there any particular treatment(s) you would like to discuss today? \_\_\_\_\_

What skin care line are you currently using? \_\_\_\_\_

Please circle all that apply:    Cleanser    Toner    Moisturizer with sunscreen    Eye Cream    Night Repair Cream    Mask

Would you like to discuss skin care products?        YES    NO

**IPL-Permanent Hair Reduction: (IPL Patients only)**

What color is the hair at the treatment site:    Black    Brown    White    Grey    Red    Other \_\_\_\_\_

What are you currently using/doing to remove hair growth at the treatment site? \_\_\_\_\_

Any known medical conditions causing increased risk of hair growth? (Hormonal abnormalities, Polycystic Ovary Disease, etc.)?    YES    NO    If yes, please explain: \_\_\_\_\_

History of abnormal lab studies to check hormonal levels?        YES    NO

Are you under the care of a Physician?    YES    NO    If yes, please explain: \_\_\_\_\_

Photosensitive Disorders? (ie., lupus, sun rash, hives, etc.)        YES    NO

Problems with Circulatory System? (ie., Collagen Disease, Raynaud's , Chilblains, etc.)        YES    NO

Previous Laser Treatment?        YES    NO        Previous electrolysis?        YES    NO

Are you currently intentionally tanning? (tanning beds, laying out, etc.)        YES    NO

Do you wear a broad spectrum sun block every day?        YES    NO

I, \_\_\_\_\_, ATTEST TO THE ABOVE TO BE TRUE AND ACCURATE. I UNDERSTAND THAT MY  
TECHNICIAN RELIES UPON THIS INFORMATION TO PROVIDE A SAFE AND EFFECTIVE TREATMENT.

PATIENT SIGNATURE: \_\_\_\_\_

**FOR STAFF USE ONLY:**

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

