

THE SKIN RENEWAL CENTER

| CLIENT INFORMATION | | | | |
|---|-------------------------------------|-------------------------------------|--|------------------------|
| Last Name | | First Name | | E-mail |
| Address | | | City | State Zip |
| Home Phone | | Work Phone | | Cell Phone |
| If we need to get in touch with you do you prefer we call: _____ Home _____ Work _____ Cell _____ May we leave a message as to who we are and why we are calling? _____ Yes _____ No | | | | |
| How did you hear about us: Friend _____ Internet _____ Review site _____ Google _____ | | Date of birth | Age | Sex Race |
| EMERGENCY CONTACT INFORMATION | | | | |
| Name | | Relationship | Home Phone | Cell Phone Work |
| HEALTH CONDITIONS | | | | |
| Allergies: _____ Yes _____ No | | To What? | Latex? | Topical Numbing agent? |
| Pregnant? _____ Yes _____ No | Diabetes _____ Yes _____ No | | Hepatitis _____ Yes _____ No | |
| HIV Infection _____ Yes _____ No | Rosacea _____ Yes _____ No | | Keloid Scarring _____ Yes _____ No | |
| Herpes Simplex(Cold Sore) _____ Yes _____ No | | Other Chronic Disorders: | | |
| Are you currently under the care of a physician _____ Yes _____ No For What? | | | | |
| MEDICATIONS / SKIN REGIMEN | | | | |
| Current Medications: _____ | | | | |
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| Do you use any of the following? | | | | |
| Retin-A ___Y___N | Accutane ___Y___N | Antibiotic Oral/Topical ___Y___N | | |
| Differin ___Y___N | Tetracycline ___Y___N | Oral Contraceptives ___Y___N | | |
| Current Skin Regimen | Cleanser: _____ Anti aging _____ | | Skin Type | |
| | Moisturizer: _____ Other _____ | | Dry Normal Oily Problem/Blemished | |
| Sunblock: _____ | | | | |
| SELF EVALUATION | | | | |
| From most to least important: Please list your concerns about your skin, contours (face and body) or treatments you are interested in. | | | | |
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Full Payment is due at the time of treatment.

We accept all major credit cards: Visa-Master Card-American Express-Discover

Refund Policy - You assume the responsibility for your purchase, and no refunds will be issued.

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| Signature | Date |
|-----------|------|