



Skin Care Profile & Release Form

Facials, Peels & Microdermabrasion

All information given will be kept confidential and used only by service professionals.
Please complete both sides of this form.

Name (Last, First, M.I.) _____ Age _____ Sex _____

Health

Please check all that apply

- Are you pregnant? Due date: _____
- Do you wear contact lenses?
- Do you currently have windburn/sunburn/red face?
- Do you frequently tan (indoor or outdoor)? Date last tanned _____
- Do you currently get facial waxing/electrolysis/use depilatories?
- Do you travel by airplane frequently?
- Do you smoke?
- Do you develop cold sores/fever blisters? Date of last outbreak _____
- Are you using Biore strips?
- Have you ever used Renova, Differin or Tazorac? Date of last use _____
- Have you ever used Retin A? Date of last use _____
- Have you ever used Accutane? Date of last use _____
- Have you ever had microdermabrasion done? Date of last treatment _____
- Have you ever had a chemical peel? Date of last treatment _____
- Have you ever had Botox injections? Date of last treatment _____
- Have you ever had facial surgery? When? _____
- Have you ever had any laser treatments? Date of last treatment _____
- Are you sensitive to alcohol-based products?
- Are you taking any medications, vitamins or supplements at this time? Please list/explain _____

Known Allergies

Please circle all that apply

Milk Honey Sulfa Citrus Grapes Apples Aloe Vera Latex Hydroquinone Aspirin Shellfish
Other _____

Please Turn Over & Complete Other Side

Skin

Please describe your skin by circling all that apply.

Thick Thin Firm Normal Dry Oily
Acne T-Zone Comedones Milia Cysts Breakouts
Acne Scarred Large Pores Blotchy Florid
Rosacea Eczema Freckled Sun Damaged
Patchy Dryness Sallow Melasma Asphyxiated
Broken surface capillaries Mature Wrinkled

Do you consider your skin sensitive? _____

Eye Color _____ Hair color _____ Skin Tone _____

What is your hereditary background? _____

Are you using glycolic/AHA home products? _____ What kind? _____

Have you ever had a reaction from products? *(please explain)* _____

What is your daily skin care regime? _____

If you could change one thing about the condition or appearance of your skin,

what would it be? _____

Prior to receiving treatment, I have been candid in revealing any condition that may have bearing on this procedure, including those listed above and any conditions not listed. I understand the treatment that will be performed today, and I will not hold Dolce Salon & Spa or its employees liable for any type of reaction that may occur.

Client Signature _____ Date _____

Professional Signature _____ Date _____