

# patient profile

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## About You:

- What is your hereditary background? (circle all that apply) Nordic / Scandinavian / Irish / English / Asian / Mediterranean / Hispanic / Native American / Middle Eastern / African American / Other \_\_\_\_\_
- Natural eye color: \_\_\_\_\_
- Natural hair color: \_\_\_\_\_
- Do you consider your skin (circle the best option): Sensitive / Resilient / Unsure
- Describe your skin (circle all the apply): Normal / Dry / T-Zone/Combination / Thick / Thin / Saggy / Firm / Oily / Acne / Comedones/Blackheads / Milia / Cysts / Breakouts / Acne-scarred / Large pores / Small pores / Rosacea / Eczema / Freckled / Sun-damaged / Melasma / Hyperpigmentation / Hypopigmentation / Uneven/Blotchy / Mature / Wrinkled / Patchy dryness / Sallow / Psoriasis / Dehydrated/Lacking moisture / Asphyxiated / Telangiectasia/Broken surface capillaries
- What are the changes you'd most like to see in your skin?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Lifestyle:

- Are you pregnant or lactating?  No  Yes  
(Please consult with your obstetrician. Only the Oxygenating Trio® Detox Gel Deep Pore Treatment or Hydrate: Therapeutic Oat Milk Mask are appropriate.)
- Do you wear contact lenses?  No  Yes  
(Remove contacts if eyes are sensitive or if having microdermabrasion.)
- Do you currently have a sunburned/windburned/red face?  No  Yes  
Why? \_\_\_\_\_
- Are you in the habit of going to tanning booths?  No  Yes  
(If within past 14 days, decline treatment. This practice should be discontinued due to increased risk of skin cancer and signs of aging.)
- Do you participate in vigorous aerobic activity or sports?  No  Yes  
What type? \_\_\_\_\_
- Do you smoke or use tobacco?  No  Yes
- What kind of work do you do? \_\_\_\_\_
- On average, how many hours per week do you spend outdoors? \_\_\_\_\_