



CONFIDENTIAL VIRTUAL SKIN CONSULTATION FORM

DATE _____
NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
CELL _____
EMAIL _____
REFERRED BY _____

DATE OF BIRTH _____
DO YOU SMOKE? _____
HAVE YOU BEEN TREATED FOR: (PLEASE CHECK)
 ACNE SKIN DISEASE HIGH BLOOD PRESSURE
 COLD SORES DIABETES CANCER
LIST OF ALL ALLERGIES _____
LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING _____
ARE YOU PREGNANT? _____ HORMONE THERAPY? _____
ARE YOU PRONE TO COLD SORES? _____

PERSONAL INFORMATION

SELECT YOUR CURRENT LEVEL OF STRESS: 1 2 3 4 5 6 7 8 9 10
SELECT YOUR NORMAL LEVEL OF STRESS: 1 2 3 4 5 6 7 8 9 10
HOW MANY OUNCES OF WATER DO YOU DRINK DAILY? _____ DO YOU TAKE SUPPLEMENTS/VITAMINS? _____
DO YOU EXERCISE? _____ IF SO, HOW OFTEN: _____ YOUR LAST SUNBURN? _____ DO YOU USE TANNING BEDS? _____
WHEN YOU GO OUT INTO THE SUN, DO YOU (CHECK ONE):
 ALWAYS BURN (I) USUALLY BURN (II) SOMETIMES BURN (III) RARELY BURN (IV) VERY RARELY BURN (V) NEVER BURN (VI)
HAVE YOU EVER BEEN UNDER THE TREATMENT PLAN OF A:
 DERMATOLOGIST PLASTIC SURGEON ESTHETICIAN
IF YES, WHAT PROCEDURE? _____

ARE YOU CONCERNED ABOUT SKIN CONDITIONS ON YOUR BODY? (CHECK ALL THAT APPLY)
 SUN SPOTS SKIN LAXITY DRY / ROUGH
WHAT SKINCARE PRODUCTS ARE YOU CURRENTLY USING? _____

SELECT HOW YOU FEEL ABOUT THE OVERALL QUALITY OF YOUR SKIN:
(IT COULD BE BETTER) 1 2 3 4 5 6 7 8 9 10 (LOOKS GREAT)

YOUR SKIN TYPE IS? (PLEASE CHECK ONLY ONE):
 NORMAL DRY/DEHYDRATED OILY ACNE/ACNE PRONE ROSACEA
IN ORDER OF IMPORTANCE, PLEASE RANK 1 (MOST IMPORTANT) TO 5 (LEAST IMPORTANT) IMPROVEMENT IN THE NEXT 30 DAYS:
____ REDUCTION OF FINE LINES ____ ACNE SCARS DIMINISHED ____ REDUCTION OF OIL/ACNE
____ REDUCTION OF BROWN SPOTS/SUN DAMAGE ____ REDUCTION OF REDNESS

TREATMENT PLAN (TO BE COMPLETED BY PHYSICIAN/ESTHETICIAN)

CUSTOMIZED SKIN KIT RECOMMENDATION
 GLOWING HYDRATION IN THE CLEAR ESCAPE FOR MEN
 GO GREEN AT HOME MINI SIGNATURE LIFT HAND HYDRATION

OTHER RECOMMENDATIONS: _____

Next recommended virtual consultation date: _____ Next in-room treatment date: _____

SIGNATURE: _____ DATE: _____

Thank you for completing this confidential questionnaire.

