



# Women's Wellness & Aesthetics

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Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Is it okay to contact you via: mail \_\_\_\_\_ email \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_?

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**\*\*This office charges a \$30.00 cancellation fee if a 24 notice is not given.\*\***

## What concerns would you like to have addressed?

\_\_\_\_ Age Spots/Sun Spots

\_\_\_\_ Acne

\_\_\_\_ Redness on face, neck, &/or chest

\_\_\_\_ Acne Scars

\_\_\_\_ Veins (where): \_\_\_\_\_

\_\_\_\_ Tattoo removal (where): \_\_\_\_\_

\_\_\_\_ Wrinkles &/or lines (where): \_\_\_\_\_

\_\_\_\_ Unwanted Hair (where): \_\_\_\_\_

\_\_\_\_ Skin Care Products (We recommend medical skin care products to enhance and maintain your in office procedures).

## MEDICAL HISTORY

Do you have any **health/medical conditions**? \_\_\_\_\_

Do you take **blood thinners** (Heparin, Coumadin, Warfarin, Vitamin E)? \_\_\_\_\_

Do you currently use **retinols** (Retin-A, Renova) or Differin? \_\_\_\_\_

Are you currently using or have you ever used **Accutane** \_\_\_\_ When: \_\_\_\_\_

Are you currently using oral or topical **antibiotics**? \_\_\_\_\_ Type: \_\_\_\_\_

Are you currently using **hormonal birth control** or **hormone replacement therapy**? \_\_\_\_  
Type: \_\_\_\_\_

Do you take *any* other **prescription OR over-the-counter medications**? \_\_\_\_\_

Are you **allergic** to any medications? \_\_\_\_\_

Are you **sensitive/allergic** to any of the following?

Alpha-hydroxy acid \_\_\_\_\_ Hydroquinone \_\_\_\_\_

Preservatives \_\_\_\_\_ Fragrances \_\_\_\_\_

Latex \_\_\_\_\_

Are you **pregnant** or **breastfeeding**? \_\_\_\_\_

Are you currently **considering/planning** a pregnancy? \_\_\_\_\_

Do you have a history of **cold-sores, fever blisters, or herpes**? \_\_\_\_\_

Are you currently on any mood altering or anti-depression medication? (If yes please list)  
\_\_\_\_\_

Do you have a *personal* or *family* history of **seizures** or **seizure disorders**? \_\_\_\_\_

Are you currently having or have you ever had:

\_\_\_\_\_ microdermabrasion When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ electrolysis When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ waxing When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ laser hair removal When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ laser vein removal When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ sclerotherapy When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ cosmetic peels When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ collagen injections When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ Restylane When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ Radiesse When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ Botox When: \_\_\_\_\_ Were you happy with the results? \_\_\_\_\_

\_\_\_\_\_ any other injectables or implants in areas you are considering having treatments?  
\_\_\_\_\_

\_\_\_\_\_ permanent (tattooed) make-up? If so, where: \_\_\_\_\_

\_\_\_\_\_ facial surgeries? If so, where: \_\_\_\_\_

**Please list all allergies**

Medication	Reaction	Other Allergies	Reaction

**SKIN ANALYSIS**

The following questions will help us decide how to best treat you according to your skin type:

**Your ethnicity:** Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_  
Other \_\_\_\_\_

Your mother's ethnicity: \_\_\_\_\_

Your father's ethnicity: \_\_\_\_\_

Which of the following best describes your **skin color** and **sun sensitivity**?

- \_\_\_\_\_ Very fair, burns easily, never tans, freckles (typically red hair)
- \_\_\_\_\_ Light, burns fast then tans (typically blonde hair)
- \_\_\_\_\_ Light olive, sometimes burns (typically light to medium brown hair)
- \_\_\_\_\_ Medium olive, rarely burns
- \_\_\_\_\_ Dark brown, never burns

Which of the following best describes your **skin type**?

- \_\_\_\_\_ Very oily skin, large pores
- \_\_\_\_\_ Oily skin
- \_\_\_\_\_ Combination skin (oily T-Zone, dry to normal cheeks)
- \_\_\_\_\_ Normal skin
- \_\_\_\_\_ Dry skin

Does your skin **break out**? Always \_\_\_\_\_ Frequently \_\_\_\_\_ Rarely \_\_\_\_\_ Never \_\_\_\_\_

Would you describe your skin as: Sensitive \_\_\_\_\_ Resilient \_\_\_\_\_ Not sure? \_\_\_\_\_

Do you spend a lot of time **outdoors**? \_\_\_\_\_

Do you wear **sunscreen**? \_\_\_\_\_

Do you go to **tanning booths**? \_\_\_\_\_

Do you use any **self-tanners** (mist on tans, tanning creams, etc)? \_\_\_\_\_

Are you currently using the following **skin care products**?

- |                               |                   |
|-------------------------------|-------------------|
| _____ Cleanser                | Brand/Type: _____ |
| _____ Toner/Astringent        | Brand/Type: _____ |
| _____ Moisturizer/Night Cream | Brand/Type: _____ |
| _____ Facial Scrub/Mask       | Brand/Type: _____ |
| _____ Eye Cream               | Brand/Type: _____ |
| _____ Sunscreen               | Brand/Type: _____ |
| _____ Self-Tanner             | Brand/Type: _____ |
| _____ Makeup                  | Brand/Type: _____ |