



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: _____ |