



612 WEST DUARTE ROAD, SUITE 706
 ARCADIA, CALIFORNIA 91007
 626 445.2053

Personal Information

Name _____ Date of Birth _____

Address _____ Telephone (H) _____

City _____ State _____ Zip _____ Telephone (W) _____

E-mail: _____

Medical Information

Referred by: _____ Name of Primary Physician: _____

Please list any health conditions you may have: Heart Disease High Blood Pressure
 Low Blood Pressure Pacemaker Inflammation, irritation or infection of the skin
 Other: _____

Are you pregnant or lactating? Yes No Are you prone to herpes outbreaks Yes No

Please list all medications you take internally, including thyroid, hormone replacement therapy, birth control pills, Accutane, and when taken last: _____

Please list any medications that you use topically (i.e. Retin-A, AHAs, BHAs) _____

Are you allergic to aspirin? Yes No Are you allergic to preservatives or dyes? Yes No

Please list any other allergies or allergic reactions: _____

Please list all surgeries, including cosmetic: _____

Life Style Information

Circle your level of stress (1 being low, 10 high): 1 2 3 4 5 6 7 8 9 10

How many hours a day do you sleep? _____ Do you salt your food? _____

Do you/did you smoke? _____ If yes, how much? _____

Do you exercise? _____ How frequently? _____

How much water do you drink a day? _____ What is your daily intake of caffeine? _____

Do you take vitamins or supplements? _____ If yes, which ones? _____

Are you pre- or post-menopause? _____ Do you experience PMS? _____



What skin care products and cosmetics do you use? _____

How much sun exposure do you receive? A lot Average Minimal

Do you suffer from any of the following problems?

- Whiteheads Age spot-hands Rosacea Warts
- Blackheads Hyperpigmentation Eczema Ingrown hair
- Oily complex Hypopigmentation Psoriasis Dry scalp
- Acne (where?) Moles Fine Lines Dehydration
- _____ Broken capillaries Wrinkles Cellulite

Have you ever experienced the following?

- Facial from an esthetician Glycolic Peels Endermologie Makeover
- Microdermabrasion Salicylic Peels Bodywraps Waxing
- Medical Dermabrasion Jessner's Peels Massage Laser Hair Removal
- TCA Peels Lash/Brow Tints

What do you hope to achieve from this consultation? _____

What are your goals for future skin care program? _____



Skin Type Evaluation

One of the most important factors in evaluating a patient for skin care therapy is the patient's skin type. The following is a table that categorizes skin from skin type 1 (light skin) to skin type 6 (dark skin). The Fitzpatrick classification is determined by genetics, reaction of the skin to sun exposure and tanning habits.

It is helpful if you can print out the table below and circle the appropriate response to each of the items and arrive at a total, which will give us your skin type. This will be reviewed at time of consultation.

Genetic Disposition					
Score	0	1	2	3	4
What are the color of your eyes?	Light blue, Gray, Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none
Total score for Genetic Disposition: _____					
Reaction to Sun Exposure					
Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To What degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem
Total score for Reaction to Sun Exposure: _____					



Tanning Habits					
Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always
Total score for Tanning Habits: _____					

TOTAL OF ALL OF ABOVE _____

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V-VI

Fitzpatrick Classification for Sun-Reactive Skin Types

Skin Type	Color	Reaction to UVA	Reaction to Sun
Type I	Caucasian; blond or red hair, freckles, fair skin, blue eyes	Very Sensitive	Always burns easily, never tans; very fair skin tone
Type II	Caucasian; blond or red hair, freckles, fair skin, blue eyes or green eyes	Very Sensitive	Usually burns easily, tans with difficulty; fair skin tone
Type III	Darker Caucasian, light Asian	Sensitive	Burns moderately, tans gradually; fair to medium skin tone
Type IV	Mediterranean, Asian, Hispanic	Moderately Sensitive	Rarely burns, always tans well; medium skin tone
Type V	Middle Eastern, Latin, light-skinned black, Indian	Minimally Sensitive	Very rarely burns, tans very easily; olive or dark skin tone
Type VI	Dark-skinned black	Least Sensitive	Never burns, deeply pigmented; very dark skin tone



Sun Damage (please check one):

_____ Mild (some discoloration, uneven or rough texture, fine lines and wrinkles)

_____ Moderate (visible dark patches and brown spots on cheeks, forehead, nose, neck, occasional broken capillaries around nose and cheeks, fine and crinkle-type wrinkles)

_____ Severe (advanced aging skin signs including prominent dark patches, brown spots, sallow complexion. Rough, dry texture, crinkle and deeper wrinkles, visible spider veins)

Thank you for completing this questionnaire. It will help us assist you with your skin care evaluation. Please bring this form with you to your consultation.

We look forward to your visit!

Sincerely,

FRESH FACE MEDSPA AND STAFF