



CONFIDENTIAL VIRTUAL SKIN CONSULTATION FORM

DATE _____ DATE OF BIRTH _____
 NAME _____ DO YOU SMOKE? _____
 ADDRESS _____ HAVE YOU BEEN TREATED FOR: (PLEASE CHECK)
 _____ ACNE SKIN DISEASE HIGH BLOOD PRESSURE
 _____ COLD SORES DIABETES CANCER
 CITY/STATE/ZIP _____ LIST OF ALL ALLERGIES _____
 CELL _____ LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING _____
 EMAIL _____ ARE YOU PREGNANT? _____ HORMONE THERAPY? _____
 REFERRED BY _____ 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.

