

Patient Profile Skin Consultation

Patient Name: _____ Date of Birth _____

Phone: (H) _____ (W) _____ (M) _____

Street Address: _____ Suburb: _____

P/code _____ Email: _____

Profession: _____ Please Circle: Full Time PartTime/Casual

How did you hear about us? _____ Are you pregnant? _____

Do you go to tanning booths? _____

Are you currently sun or wind burnt: _____

Water intake per day? _____

Do you get facial waxing/electrolysis/or use depilatories? _____
(Wait 5 days between treatments.)

Have you had any dermal fillers in the last week? _____

Do you participate in vigorous sports or aerobic activity?

Have you ever had a peel before? _____ or within the last 14 days? _____

What kind? _____

Describe your reaction: _____

Have you had recent facial surgery? _____

Are you allergic to: (circle all that apply)
Milk, apples, citrus, grapes, Aloe Vera, Aspirin, or any essentials oils?

Any other allergies? If so, what? _____

Describe your skin: (Circle all that apply)

**Normal, Oily, T-Zone/Combination, Freckled, Sun-Damaged, Uneven/ Blotchy,
Mature, Wrinkled, Saggy, Firm, Large pores, Small pores, Acne, Milia,
Blackheads, Breakouts, Cysts, Scarring, Melasma, Rosacea, Telangiectasia
Broken-Capillaries, Sallow, Hyper pigmented, Hypo pigmented.**

Do you consider your skin to be sensitive to resilient? _____

Eye Colour: (Circle one)

Blue, Green, Hazel, Grey Light, Brown, Dark Brown

Hair Colour: (Circle one)

Blonde, Red Light, Brown, Medium Brown, Dark Brown, Black, Grey/Silver White

Skin Tone: (Circle one)

Pale White, Light Reddish/Freckles, Light Olive, Medium Olive, Dark Olive, Brown, Dark

What is your heritage? _____

Are you using?

Retin A _____ (If yes please advise)

How frequently? _____ Where do you apply _____

Accutane: _____

Hormones/other medication: _____

Glycolic/ AHA home care products. If so, which one(s)?

How does your skin react to them?

Have you ever used any products that caused a bad reaction? Please describe:

Do you smoke? _____ Get cold sores? _____

What is your home skin care regime?

What about your skin bothers you and what would you like to have improved?

I acknowledge that the answers I have given are correct and that I have not withheld any information that I may be relevant to my treatment.

I agree that I must give 24 hours notice for cancellations as I will be charged for my session and if I have purchased a series of sessions my session to be deducted from my package and that smooth curves does not give refunds if you decide to change your mind.

I have read and understand this document...

Patient SignatureDate.....

Treatment Recommendation:

Aesthetician: _____

Date: _____