OASIS
MEDSPA
AESTHETICS AND LASER

Facial intake form
Confidential Skin Health Survey

Please Print: Today's Date _____

First Name _____

Last Name _____ Date of Birth ___/___/___

Address _____ Apt. # _____

City _____ State _____ Zip_____

Phone H (____) _____ Work (____) _____

Cell (_____) _____

Dermatologist/Physician _____

Phone (____) _____

Emergency Contact _____

Phone (____) _____

Your Occupation _____

Email _____

Referred By
___ Friend ___ Mailer ___ Newspaper ___ Magazine Ad ___ other

Esthetician Name _____

1. Is this your first facial?
   Yes No
2. What is the reason for your visit today?
   Tazarac Peels HIFU skin tightening
3. What special areas of concern do you have?
   _____
4. Are you presently under a physician's care for any current skin condition or other problem?
   Yes No
   Please Describe_____
5. Are you pregnant?
   Yes No
6. Are you taking birth control pills?
   Yes No
7. Hormone replacement?
   Yes No

Please list _____

8. Do you wear contact lenses?
   Yes No
9. Do you smoke?
   Yes No
10 Do you often experience stress?
   Yes No
11. Have you had skin cancer?
   Yes No
12. What products do you use presently?
   Soap Cleansing milk Toner Scrub Mask Creams Sunscreen Other
13. Are you now using (or used in the past):
   Azelex Differin Renova Retin-A
   If so, when and for how long? _____
14. Are you now using, or have you ever used Accutane?
   Yes No
If so, when and for how long? _____
15. Do you have acne?
   Yes No
Experience frequent blemishes?
   Yes No
15. Do you have any allergies to cosmetics, foods, or drugs?
   Yes No
If so, what type? _____
16. Are you presently taking medications –oral or topical?
   Yes No
If so, what type? _____

Please circle if you are affected by or have any of the following:

Asthma	Hepatitis	Metal bone, pins, or plates	Cardiac problems
Herpes	Pacemaker	Eczema	High blood pressure
Psychological problems			
Epilepsy	Hysterectomy	Sinus problems	
Fever blisters	Immune disorders	Skin diseases –other	Headaches-chronic
Lupus	Urinary or kidney problems		

Please explain above problems or list any significant others:

Help Us Treat You the Right Way.....

Skin type is often categorized according to the Fitzpatrick Skin Type Scale which ranges from very fair (skin type I) to very dark (skin type VI). Genetic disposition, individual reaction to sun exposure and tanning habits are considered. **Please mark the Score (0-4) and then add the scores on the right side of the page.**

Genetic Disposition

What is the color of your eyes?
0 –Light blue\Gray\Green **1** – Blue\Gray\Green **2** – Blue **3** – Dark Brown **4** – Brownish Black **Score: _____**

What is the natural color of your hair?
0 – Sandy Red **1** – Blonde **2** – Auburn/ light Blonde **3** – Dark Brown **4** – Black **Score: _____**

What is the color of your skin (non-exposed areas)?
0 – Reddish **1** – Very Pal e **2** – Pale w/Beige Tint **3** – Light Brown **4** – Dark Brown **Score: _____**

Do you have freckles on unexposed skin?
0 – Many **1** – Several **2** – Few **3** – Incidental **4** – None **Score: _____**

Total Score for Genetic Disposition: _____

Reaction to Sun Exposure

What happens when you stay too long in the sun?
0 – Painful redness, blistering, peeling **1** – Moderate redness, blistering followed by peeling
2 – Mild burn sometimes followed by peeling **3** – Rare Burns **4** – Never had burns **Score: _____**

To what degree do you turn brown?
0 – Never **1** – Light color tan **2** – Reasonable tan **3** – Tan easy **4** – Tans darkly quickly **Score: _____**

Do you turn brown within several hours after sun exposure?
0 – Never **1** – Seldom **2** – Sometimes **3** – Often **4** – Always **Score: _____**

How does your face react to the sun?
0 – Sensitive **1** – Seldom **2** – Sometimes **3** – Normal **4** – Resistant **Score: _____**

Total score for Reaction to Sun Exposure: _____

Tanning Habits

How many months ago was your body last exposed to sun, tanning light or tanning cream?
0 – More than 3 months **1** – 2-3months **2** – 1-2months **3** – Less than a month **4** – 2 weeks **Score: _____**

Has the area to be treated ever been exposed to the sun?
0 – Never **1** – Seldom **2** – Sometimes **3** – Often **4** – Always **Score: _____**

Total score forTanning Habits: _____

Skin type score	Fitzpatrick Skin Type
0 to 7	I
8 to 16	II
17 to 25	III
25 to 30	IV
over 30	V – VI

Total score of 3 sections: _____

Fitzpatrick SKIN TYPE _____

_____ Client
[Print Name] Signature Date

_____ Witness
[Print Name] Signature Date

I understand that the services offered are not a substitute for medical care, and any information provided by the aesthetician or other licensed medical professional is for educational purpose only and not diagnostic or prescriptive in nature. I understand that the information contained is to aid the aesthetician or other licensed medical professional in giving better service and is completely confidential.

Policies:
1. Professional consultation is required before initial dispensing of products.
2. We do not give cash refunds and we require a 24-hour cancellation notice.

I fully understand and agree to the above policies and consent to having the Oasis Facial procedure performed by trained personnel at Oasis MedSpa.

_____ _____
Patient Signature Date