



**Skin Care History Questionnaire and Waiver**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you seen a dermatologist in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes list dermatologist name and reason for visit \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please list

\_\_\_\_\_

**Please check if you or have used the following products in the last 7 days please write YES or NO**

\_\_\_\_\_ Benzoyl Peroxide (BP)

\_\_\_\_\_ Tretinoin (Retin A, Retin -A Micro®, Renova

\_\_\_\_\_ Glycolic Acid (AHA)

\_\_\_\_\_ Adepalene (Differin®)

\_\_\_\_\_ Lactic Acid (AHA)

\_\_\_\_\_ Azelaic Acid ( Azelex®, Finacea™)

\_\_\_\_\_ Tazarotene (Tazorac®)

\_\_\_\_\_ Salicylic Acid

\_\_\_\_\_ Isotretinoin (Acutane)

\_\_\_\_\_ Vitamin A

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Please circle the following conditions you have or had experience:

HIV

Metal plate

Diabetes

Contact lenses anemia

Cancer

Varicose veins

Seizures

Blood disorders

Headaches

Asthma hepatitis high

Low blood pressure

Cold sores

Lupus thyroid disease

Do you take nutritional supplements? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you exercise? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a tendency to scar? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies

Have you ever had an allergic reaction to any of the following please write YES OR NO

\_\_\_\_\_ Aspirin or Salicylates

\_\_\_\_\_ Grapes

\_\_\_\_\_ Milk Products

\_\_\_\_\_ Latex

\_\_\_\_\_ Fish, marine or iodine

\_\_\_\_\_ Skin care Products

\_\_\_\_\_ Apples

\_\_\_\_\_ Nuts \_\_\_\_\_ Citrus

If yes have you been treated with Denavir® (Penciclovir), Zovirax® (Acyclovir) or Abreva?

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Are you being treated for Hepatitis? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on hormone replacement therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently taking birth control pills? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you pregnant or nursing? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently having skin care treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of treatment \_\_\_\_\_ (please Turn over Page)

Have you had any of the following in the last 14 days please write YES or NO

\_\_\_\_\_ Facial Cosmetic Surgery \_\_\_\_\_ Chemical Exfoliation (peels)

\_\_\_\_\_ Botox Injections \_\_\_\_\_ Extractions

\_\_\_\_\_ Collagen Injections \_\_\_\_\_ Permanent Cosmetics

\_\_\_\_\_ Skin Cancer \_\_\_\_\_ Waxing

\_\_\_\_\_ Dermatitis \_\_\_\_\_ Laser Hair Removal

\_\_\_\_\_ Keloid Scarring \_\_\_\_\_ Microdermabrasion

\_\_\_\_\_ Laser resurfacing \_\_\_\_\_ Fillers

#### Home Care

What skincare products are you currently using at home?

Cleanser \_\_\_\_\_ Vitamin C \_\_\_\_\_

Toner \_\_\_\_\_ Exfoliates/ Scrubs \_\_\_\_\_

Moisturizer \_\_\_\_\_ SPF \_\_\_\_\_

Retinol/Tretinol \_\_\_\_\_ Glycolics/Salicylics \_\_\_\_\_

Please check if you are currently using any of the following products?

\_\_\_\_\_ Benzoyl Peroxide (BP) \_\_\_\_\_ Tretinoin (Retin A, Retin –A Micro®, Renova

\_\_\_\_\_ Glycolic Acid (AHA) \_\_\_\_\_ Adepalene (Differin®)

\_\_\_\_\_ Lactic Acid (AHA) \_\_\_\_\_ Azelaic Acid ( Azelex®, Finacea™)

\_\_\_\_\_ Resorcinol \_\_\_\_\_ Tazarotene (Tazorac®)

\_\_\_\_\_ Salicylic Acid \_\_\_\_\_ Isotretinoin (Acuutane)

\_\_\_\_\_ Sulfur \_\_\_\_\_ Vitamin A

Sun Protection Do you use a sunscreen? Yes \_\_\_\_\_ No \_\_\_\_\_

What level of protection? \_\_\_\_\_

Do you sunbathe or participate in outdoor activities? Yes \_\_\_\_\_ No \_\_\_\_\_

(Please Turn Page Over) >

Do you tan in a tanning booth? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you tanned in a tanning booth in the last 14 days? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any direct sun exposure in the last 14 days? Yes \_\_\_\_\_ No \_\_\_\_\_

When exposed to sun do you:

\_\_\_\_\_ Always burn, never tan \_\_\_\_\_ Sometimes burn, sometimes tan

\_\_\_\_\_ Always burn, sometimes tan \_\_\_\_\_ Always tan

Do you feel your skin is sensitive? Yes \_\_\_\_\_ No \_\_\_\_\_

What skin conditions do you want to improve?

\_\_\_\_\_ Acne and or breakouts \_\_\_\_\_ Uneven Tone

\_\_\_\_\_ Facial Scarring Other \_\_\_\_\_

\_\_\_\_\_ Hyperpigmentation (freckles, age spots)

\_\_\_\_\_ Enlarged pores

\_\_\_\_\_ Fine Lines and Wrinkles

\_\_\_\_\_ Rosacea

Certain services should not be performed with certain medical conditions. I have stated all my known medical conditions and answered all questions honestly on the medical history form and agree to update Sage Spa 431 LLC as to any changes. I acknowledge that the therapists at Sage Spa do not provide medical advice and I accept full responsibility to seek out such advice before receiving any services of Sage Spa 431 LLC. I hereby release, discharge and waive any and all claims against Sage Spa 431 LLC and each of their partners, employees, representatives or any person(s) performing services at Sage Spa 431 LLC, including from liability and responsibility for any and all illness, injuries, damages, claims, rights and causes of action of any kind or nature, that may occur during or arising out of any services received on this and any future dates. I expressly assume and accept the risk for any injuries sustained. I have read this entire document, understand that it affects my legal rights and agree to its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_