

NEW CLIENT QUESTIONNAIRE

Name _____ Date _____ Birthdate _____

Address _____ City _____

State _____ Zip _____ Email Address (for discount coupons) _____

Phone H: _____ W: _____ C: _____

Please specify on which phone you would like a confirmation message left. _____

Occupation: _____

What skin care products do you use? _____

What are the cosmetic improvements you would like to see in your skin? _____

Do you currently use Retin-A, retinols, or alpha/beta hydroxyl acids? Y N

Are you currently pregnant or breastfeeding? Y N

Are you taking any antibiotics at this time? Y N

Please list medications/foods you are allergic to: _____

Past Medical History (Please check all that apply)

- | | | | |
|----------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Cancer | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Hives | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Pigmented Moles |
| <input type="checkbox"/> Rosacea | <input type="checkbox"/> Smoking | <input type="checkbox"/> Accutane | <input type="checkbox"/> Cold sores, fever blisters |

How did you hear about Allura? For referrals that purchase a service, you will receive a gift certificate for a free microdermabrasion or ultrasonic facial. We hope you enjoy your services and tell your friends.

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> friend, is so who? _____ | <input type="checkbox"/> Internet | <input type="checkbox"/> Television |
| <input type="checkbox"/> Physician (Name) _____ | <input type="checkbox"/> Bella | <input type="checkbox"/> The Yellow Book |
| <input type="checkbox"/> Postcard or Flyer | <input type="checkbox"/> Newspaper | |
| <input type="checkbox"/> Charity Function, which one? _____ | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

Payment Policy: Payment must be received at time of service. Package prices are due in full at time of first service. We accept Mastercard, Visa, personal checks, and cash. _____ **Initial**

Refund Policy: Services and treatment packages are non-refundable and non-transferable. Please refer to service consent form for possible reactions and outcomes. _____ **Initial**

In Case of Emergency: Name: _____ Phone _____
Relationship _____

Patient Signature: _____

SKIN TYPING QUESTIONNAIRE FOR ALL DEVICES

This information will help our office to better evaluate your skin type so the laser treatment will be more effective. 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). The two main factors that influence skin type and the treatment program devised by your practitioner are:

- genetic disposition
- reaction to sun exposure and tanning habits

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, etc. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on your skin color evaluation.

By using the information you provide on this form, we can be better prepared to provide you with the best care. Please take a few minutes to fill out this questionnaire.

Genetic Disposition

Score	0	1	2	3	4
Your natural eye color?	Light blue, green, or gray	Blue, gray or green	Blue	Dark Brown	Brownish Black
Natural color of your hair?	Sandy, red	Blond	Chestnut/ Dark Blond	Dark Brown	Black
Color of your non-exposed skin	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 too long in the sun?	Painful redness, blistering, peeling	Blistering, followed by peeling	Burns sometimes, followed by peeling	Rarely burns	Never burn
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: _____

SKIN TYPING QUESTIONNAIRE FOR ALL DEVICES

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun or tanning booth/cream?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than one 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: _____

Summary

Add up the total scores for each section for your Skin Type Score to give you a better evaluation of your skin type.

_____ Total score for Genetic Disposition

_____ Total score for Reaction to Sun Exposure

_____ Total score for Tanning Habits

_____ Skin Type Score

Your Fitzpatrick Skin Type:

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

NAME: _____ DATE: _____

COMMENTS: _____
