

SPA DIVINO INTAKE

PLEASE ANSWER ALL QUESTIONS

NAME _____ AGE _____ BIRTHDATE _____
last first middle initial

HOME ADDRESS _____
street apt number

city state zip code

HOME (_____) CELL (_____) WORK (_____) _____

E-MAIL _____

EMPLOYER _____ OCCUPATION _____

SKIN EVALUATION

Have you ever seen a Dermatologist for your skin? Why? _____

Have you had any skin care treatments or facials? List: _____

Are you pregnant or lactating? _____

Do you have any skin allergies or irritations to products? List: _____

Do you get cold sores? _____ Do you smoke? _____ Do you wax or use depilatories on the face? _____ Anatomical location: _____

Do you have any of the following: Epilepsy Pace Maker Facial Pins/Plates Excessive Oral Fillings

Please list any medical conditions/medications I should know about: _____

Please list ALL products and brands you currently use in your skin care regimen including prescription topicals (ie. Retinoids):

Cleanser: Toner: Serum:

Exfoliant: Mask: Eye Cream:

Sunscreen: Prescription Topicals: Other:

PIGMENTATION

How do you tan?

- I (Burn) II (Usually Burn) III (Sometimes Burn)
IV (Rarely Burn) V (Never Burn "Brown") VI (Never Burn "Black")

Pigmentation Even Uneven Birthmark Pregnancy Mask

SKIN TYPE

- OILY DRY COMBO LARGE PORES FRAGILE SENSITIVE UNKNOWN

STATEMENT OF FINANCIAL RESPONSIBILITY

The service(s) you have elected to participate in implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees.

PATIENT SIGNATURE _____ DATE _____