Vita Nova Medical Spa

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SKINCARE HISTORY QUESTIONAIRE AND WAIVER

Please answer the following questions so that Vita Nova Medical Spa may have a better understanding of your general health and lifestyle, thereby enabling our office to accurately analyze and assess your skin care needs.

Name:_____ Date:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Business Phone:_____

Cell Phone:_____ Best Phone to Reach You At:_____

Date of Birth:_____

E-mail Address:_____

How Did You Hear About Us?_____

HEALTH HISTORY

What type of work do you do?_____
Have you seen a dermatologist in the past year? Yes □ No □
If yes, list dermatologist's name and reason for visit:_____
Are you currently under a physician's care? Yes □ No □
If yes, list physician's name and reason for visit:_____
Are you currently taking any medications? Yes □ No □
If yes, please list:_____
How is your general health? Excellent □ Good □ Fair □ Poor □
Please rate your stress level from 1-5 (5 being the highest):_____
Please circle the following conditions you currently or have previously experienced:

Hypertension	Metal Plates	Asthma	Hepatitis	Low Blood
Cold Sore	Hernia	Diabetes	Fainting	Pressure
Anemia	Lupus	Stroke	Claustrophobia	Epilepsy
Cancer	Thyroid	Irregular Pulse	Varicose Veins	
Seizures	Disorders	High Cholesterol	High Blood	
Headaches	Eating Disorders	Heart Attack	Pressure	

Do you wear contact lenses? Yes □ No □
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:
Aspirin or Salicylates: Yes □ No □
Citrus: Yes □ No □
Grapes: Yes □ No □
Ingredients in skincare products: Yes □ No □
Fish or iodine: Yes □ No □
Apples: Yes □ No □
Latex: Yes □ No □
Milk: Yes □ No □

If checked yes to any of the above, please explain:_____
Please list any other known allergies:_____
Have you ever had Herpes Simplex (cold sores)? Yes □ No □
If yes, have you ever been treated with Denavin© (Penciclovir), Zovirax© (Acyclivor), or Abreva? Yes □ No□
Are you being treated for Hepatitis? Yes □ No □

Female clients only:
Are you on hormone replacement therapy? Yes □ No □
Are you presently taking birth control pills? Yes □ No □
Are you pregnant or nursing? Yes □ No □

SKINCARE HISTORY
Are you currently treating any conditions of your skin? Yes □ No □
If yes, what type of treatment(s)?_____

Please check if you are presently using or have previously used any of the following:
□ Benzoyl Peroxide (BP)
□ Glycolic Acid (AHA)
□ Lactic Acid (AHA)
□ Resorcinol
□ Salicylic Acid (BHA)
□ Sulfur
□ Vitamin A
□ Vitamin C
□ Hydrocortisone (HC)
□ Hydroquinone (HQ)

Have you had any of the following treatments in the last 14 days?
□ Facial cosmetic surgery
□ Botox injections
□ Collagen injections
□ Dermal fillers
□ Light treatments
□ Laser Resurfacing
□ Microdermabrasion
□ Chemical exfoliation (peel)
□ Extractions
□ Permanent cosmetics
□ Waxing
□ Laser Hair Removal
□ Hair treatments (perm, color, etc.)
□ Other_____

Please check if you are presently experiencing or have experienced any of the following:
□ Skin cancer
□ Dermatitis
□ Keloid scarring
□ Acne
□ Rosacea
□ Broken Capillaries
□ Treatment reactions
□ Hyperpigmentation
□ Hypopigmentation

Home Care:
What skincare products are you currently using at home?
Cleanser:_____
Toner:_____
Moisturizer:_____
SPF:_____
Vitamin C:_____
Exfoliants/Scrubs:_____
Mask:_____
Specialty Products:_____

Prescription products:
□ Tretinoin (Retin A, Retin-A Micro©, Renova, Avita)
□ Adepalene (Differin©)
□ Azelaic Acid (Azelex©, Finacea™)
□ Tazarotene (Tazorac©)
□ Any other topical antibiotics:_____
□ Isotretinoin (Accutane)
□ Triluma™
□ Metrogel

Sun protection:
Do you use a sunscreen? Yes □ No □
What level of protection?_____
Do you sunbathe or participate in outdoor activities? Yes □ No □
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 10 days? Yes □ No □

When exposed to the sun do you:
□ Always burn, never tan
□ Always burn, sometimes tan
□ Sometimes burn, mostly tan
□ Never burn, always tan

Do you have sensitive skin? Yes □ No □

What skin conditions would you like to improve?
□ Acne/breakouts
□ Facial scarring
□ Hyperpigmentation
□ Hypopigmentation
□ Enlarged pores
□ Fine lines and wrinkles
□ Rosacea
□ Uneven tan
□ Uneven texture
□ Dehydration
□ Oily skin
□ Sun damage
□ Other:_____

Is there any other necessary information Vita Nova Medical Spa should know before beginning your treatment?
Yes □ No □
If yes, please explain:_____

I have acknowledged that all the information provided in this form is true and correct to the best of my knowledge.

I understand that some skin conditions may require more than one treatment and home care products to achieve the results I desire. Results cannot be guaranteed due to individual skin types and conditions.

Client Signature _____ Date_____

□ Please check if permission is granted to use pictures for marketing and training purposes (your name will remain anonymous).