



# CONFIDENTIAL VIRTUAL SKIN CONSULTATION FORM

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
CELL \_\_\_\_\_  
EMAIL \_\_\_\_\_  
REFERRED BY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
DO YOU SMOKE? \_\_\_\_\_  
HAVE YOU BEEN TREATED FOR: (PLEASE CHECK)  
 ACNE  SKIN DISEASE  HIGH BLOOD PRESSURE  
 COLD SORES  DIABETES  CANCER  
LIST OF ALL ALLERGIES \_\_\_\_\_  
LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING \_\_\_\_\_  
ARE YOU PREGNANT? \_\_\_\_\_ HORMONE THERAPY? \_\_\_\_\_  
ARE YOU PRONE TO COLD SORES? \_\_\_\_\_

## PERSONAL INFORMATION

SELECT YOUR CURRENT LEVEL OF STRESS:      1      2      3      4      5      6      7      8      9      10  
SELECT YOUR NORMAL LEVEL OF STRESS:      1      2      3      4      5      6      7      8      9      10  
HOW MANY OUNCES OF WATER DO YOU DRINK DAILY? \_\_\_\_\_ DO YOU TAKE SUPPLEMENTS/VITAMINS? \_\_\_\_\_  
DO YOU EXERCISE? \_\_\_\_\_ IF SO, HOW OFTEN: \_\_\_\_\_ YOUR LAST SUNBURN? \_\_\_\_\_ DO YOU USE TANNING BEDS? \_\_\_\_\_  
WHEN YOU GO OUT INTO THE SUN, DO YOU (CHECK ONE):  
 ALWAYS BURN (I)  USUALLY BURN (II)  SOMETIMES BURN (III)  RARELY BURN (IV)  VERY RARELY BURN (V)  NEVER BURN (VI)  
HAVE YOU EVER BEEN UNDER THE TREATMENT PLAN OF A:  
 DERMATOLOGIST  PLASTIC SURGEON  ESTHETICIAN  
IF YES, WHAT PROCEDURE? \_\_\_\_\_

ARE YOU CONCERNED ABOUT SKIN CONDITIONS ON YOUR BODY? (CHECK ALL THAT APPLY)  
 SUN SPOTS  SKIN LAXITY  DRY / ROUGH  
WHAT SKINCARE PRODUCTS ARE YOU CURRENTLY USING? \_\_\_\_\_

SELECT HOW YOU FEEL ABOUT THE OVERALL QUALITY OF YOUR SKIN:  
(IT COULD BE BETTER)    1    2    3    4    5    6    7    8    9    10    (LOOKS GREAT)

YOUR SKIN TYPE IS? (PLEASE CHECK ONLY ONE):  
 NORMAL  DRY/DEHYDRATED  OILY  ACNE/ACNE PRONE  ROSACEA  
IN ORDER OF IMPORTANCE, PLEASE RANK 1 (MOST IMPORTANT) TO 5 (LEAST IMPORTANT) IMPROVEMENT IN THE NEXT 30 DAYS:  
\_\_\_\_ REDUCTION OF FINE LINES      \_\_\_\_ ACNE SCARS DIMINISHED      \_\_\_\_ REDUCTION OF OIL/ACNE  
\_\_\_\_ REDUCTION OF BROWN SPOTS/SUN DAMAGE      \_\_\_\_ REDUCTION OF REDNESS

## TREATMENT PLAN (TO BE COMPLETED BY PHYSICIAN/ESTHETICIAN)

CUSTOMIZED SKIN KIT RECOMMENDATION  
 GLOWING HYDRATION       IN THE CLEAR       ESCAPE FOR MEN  
 GO GREEN AT HOME       MINI SIGNATURE LIFT       HAND HYDRATION

OTHER RECOMMENDATIONS: \_\_\_\_\_

Next recommended virtual consultation date: \_\_\_\_\_ Next in-room treatment date: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for completing this confidential questionnaire.

