

CONFIDENTIAL SKIN HEALTH QUESTIONNAIRE

NAME _____ BIRTHDAY _____ AGE _____
 ADDRESS _____ DO YOU SMOKE? _____ HOW OFTEN? _____ LIVING WITH A SMOKER? _____
 CITY/STATE _____ HAVE YOU BEEN TREATED FOR: (PLEASE CHECK)
 ZIP _____ ACNE DEPRESSION SKIN DISEASE HIGH BLOOD PRESSURE
 CELL _____ COLD SORES DIABETES CANCER
 EMAIL _____ LIST OF ALL ALLERGIES _____
 OCCUPATION _____ LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING _____
 AROMA PREFERENCE: _____ ARE YOU PREGNANT? _____ HORMONE THERAPY? _____
 Lavender Peppermint Lemongrass Eucalyptus ARE YOU PRONE TO COLD SORES? _____

PERSONAL INFORMATION

CIRCLE YOUR CURRENT LEVEL OF STRESS: 1 2 3 4 5 6 7 8 9 10
 CIRCLE 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 AESTHETICIAN _____
 IF SO, PLEASE EXPLAIN: _____

ARE YOU CONCERNED ABOUT SKIN CONDITIONS ON YOUR BODY? (CHECK ALL THAT APPLY)
 SUN SPOTS SKIN LAXITY DRY / ROUGH
 WHAT SKIN LINE ARE YOU CURRENTLY USING? _____
 DO YOU USE SUNBLOCK DAILY? _____ IF NOT, WHY? _____
 CIRCLE HOW YOU FEEL ABOUT THE OVERALL QUALITY OF YOUR SKIN:
 (BAD) 1 2 3 4 5 6 7 8 9 10 (FANTASTIC)

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 BROWN SPOTS/SUN DAMAGE _____ REDUCTION OF REDNESS
 _____ REDUCTION OF OIL/ACNE



ACKNOWLEDGEMENT

By signing below, you agree to the following:
I have completed this form to the best of my ability and knowledge. I agree to inform the service provider of any changes to the above information. I agree that I do not have any conditions that would make the treatment unsuitable, I will inform the service provider of any discomfort I may experience during my treatment. I agree to waive all liabilities toward the technician and Salon EllaPar for any injury or damages that could incur due to any misrepresentation of my health history. I understand the results of treatments may vary due to various conditions such as age, sun damage, climate, skin type, etc.

SIGNATURE: _____ DATE: _____