# THE SKIN RENEWAL CENTER

| CLIENT INFORMATION | | | | |
|---|---|---|---|---|
| Last Name | First Name | E-mail | | |
| Address | | City | State | Zip |
| Home Phone | Work Phone | Cell Phone | | |
| If we need to get in touch wth you do you prefer we call:_____Home_____Work_____Cell<br>May we leave a message as to who we are and why we are calling?_____Yes_____No | | | | |
| How did you hear about us: Friend _____<br>Internet _____ Review site _____ Google _____ | Date of birth | Age | Sex | Race |

| EMERGENCY CONTACT INFORMATION | | | | |
|---|---|---|---|---|
| Name | Relationship | Home Phone | Cell Phone | Work |

| HEALTH CONDITIONS | | |
|---|---|---|
| Allergies: Yes_____ No_____ To What? | Latex? | Topical Numbing agent? |
| Pregnant?___Yes___No | Diabetes___Yes___No | Hepatitis___Yes___No |
| HIV Infection___Yes___No | Rosacea___Yes___No | Keloid Scarring___Yes___No |
| Herpes Simplex(Cold Sore)___Yes___No | Other Chronic Disorders: | |
| Are you currently under the care of a physician___Yes___No For What? | | |

| MEDICATIONS / SKIN REGIMEN |
|---|
| Current Medications: _____ |
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| Do you use any of the following? | | |
|---|---|---|
| Retin-A ___Y___N | Accutane ___Y___N | Antibiotic Oral/Topical ___Y___N |
| Differin ___Y___N | Tetracycline ___Y___N | Oral Contraceptives ___Y___N |

| Current Skin Regimen | | | Skin Type | | | |
|---|---|---|---|---|---|---|
| | Cleanser: _____ | Anti aging _____ | Dry | Normal | Oily | Problem/Blemished |
| | Moisturizer: _____ | Other _____ | | | | |
| | Sunblock: _____ | _____ | _____ | _____ | _____ | _____ |

| SELF EVALUATION |
|---|
| **From most to least important: Please list your concerns about your skin, contours (face and body) or treatments you are interested in.** |
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Initials I agree to receive text messages from The Skin Renewal Center related to my appointments. Message frequency varies. Message & data rates may apply. Reply STOP to opt out

Full Payment is due at the time of treatment.

We accept all major credit cards: Visa-Master Card-American Express-Discover

**Refund Policy** - You assume the responsibility for your purchase, and no refunds will be issued.

| Signature | Date |
|---|---|