

# Blue Creek

## Initial Skin Care Questionnaire

1. Do you have any special skin problems pertaining to your face or body? Yes No

If yes, please specify \_\_\_\_\_

2. What skin care product line are you currently using? \_\_\_\_\_

3. Have you ever had any of the following treatments?

Treatment Type?	Date of last treatment?
Chemical Peel	
Microdermabrasion	
Laser, IPL, Dermaplaning, or any other resurfacing?	
Injectibles? Botox, Collagen, Restylane, Juvederm, other?	
Waxing	

4. Have you used any of the following products/medication within the last 3 months?

Product?	Date last used?
Accutane	
Retin A (or other vitamin A derivatives)?	
Other prescription skin products/medication? List:	
Glycolic acid, Lactic acid, Salicylic acid	

5. Do you ever experience these conditions?

flakiness/dryness    tightness    redness    acne    oily shine

6. Have you ever had a reaction to any oral or topical product? Yes No

If Yes, please specify \_\_\_\_\_

7. What are your skin care goals? \_\_\_\_\_

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am a competent adult or at least 18 years of age, or if not, a parent/legal guardian will also be required to sign this agreement. The services I receive here are voluntary and I release Blue Creek, its staff and owners from liability and assume full responsibility thereof.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_