

CONTACT INFORMATION:

Name: _____ Date: _____
Address: _____ Home Phone: _____
City/State/ZIP: _____ Other Phone: _____
E-Mail: _____ Birthday: _____

GENERAL INFORMATION:

How did you hear about me? _____
Known Allergies: _____
Current Medications: _____
Do you sunbathe? If Yes, when? _____
Do you use Retin-A, Renova, Retinol/Vitamin A products? If Yes, which ones? _____

Are you pregnant or trying to become pregnant? Yes / No

SKIN CARE INFORMATION:

What are you using to take care of your skin? _____

What are your skin care concerns? _____

Are there any other concerns I should be aware of? _____

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 false information may result in contradictions and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release Elegant Skin and/or Tiffany Baldrige from liability and assume full responsibility thereof.

Signature Date

All Elegant Skin cancellations must be made at least 24 hours in advance.