

Client Intake Form

Legal First & Last Name: _____ Preferred Name: _____

DOB (m/d/y): _____ Gender: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Best Contact Number: _____ Alternate Phone Number: _____

Email: _____ *How did you hear about us: _____

Emergency Contact: _____ PH: _____ Relationship: _____

Alberta Health Care Number: _____

Are you currently under the care of a physician? No Yes: _____

What brings you in today? _____

SKIN HISTORY

Acne/Acne Scarring

Unwanted Hair

Skin laxity

Brown Spots/Sun Damage

Pigmented Lesions

Skin Texture/Scars

Spider Veins

Rosacea

Flushing of the skin

Fine Lines and Wrinkles

Melasma

Crows Feet

Dry Skin

Large Pores

Deep Lines/Shadows

Are you currently taking/using any of the following for your skin condition?

Hydroquinone or bleaching agent

Accutane

Retin-A

Do you form thick or raised scars (keloid)?

Yes No

Do you develop hyperpigmentation?

Yes No

Are you planning a vacation in the sun in the next 3 months?

Yes No

When were you last exposed to extensive sun light or a tanning booth? _____

Do you require information on sun screen/skin cancer prevention?

Yes No

