

## Peninsula Spa Patient Profile

Patient Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Emergency contact outside of home:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by :( how did you hear about us?) \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

Medications: Please List current ones \_\_\_\_\_

\_\_\_\_\_

Allergies: Are you allergic to medications or do you have general allergies? If so please list: \_\_\_\_\_

\_\_\_\_\_

Are you Pregnant or Breast feeding? \_\_\_\_\_

Do you actively "seek a tan" (laying in the sun/tanning beds?) \_\_\_\_\_

When Exposed to the sun, do you Tan Only/Tan and Burn/ or Burn

Do you regularly use sunscreen? \_\_\_\_\_ Do you Smoke? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ Have you ever developed cold sores/ Fever Blisters? \_\_\_\_\_

Have you ever or are you currently using Accutane? \_\_\_\_\_

Are you using Retin-a/Renova/or Differin? \_\_\_\_\_

Do you get facial waxing/electrolysis/or use depilatories? \_\_\_\_\_

What is your daily home skin care regimen? \_\_\_\_\_

\_\_\_\_\_

Tell us about your skin; please describe it for us \_\_\_\_\_

\_\_\_\_\_

What are the cosmetic improvements you would like to see in your skin? \_\_\_\_\_

\_\_\_\_\_

**Patient or Guardian Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_