CHARLOTTE SKIN & LASER
Elizabeth Rostan MD

Aesthetics Intake Form

Name: _____ **DOB:** _____

What is your skin type?

☐ Normal ☐ Oily ☐ Dry ☐ Combination ☐ Sensitive ☐ Other: _____

Have you ever had an allergic reaction to any of the following?

☐ Aspirin/Salicylates
☐ Latex
☐ Fragrance
☐ Sunscreen
☐ Cosmetic Ingredients
☐ Fish/Marine/Iodine
☐ Milk
☐ Citrus/Apples
☐ Soy
☐ Other: _____

Which of the following (if any) pertain to you?

☐ Pregnant
☐ Trying to conceive
☐ Nursing
☐ Birth Control Pills or IUD
☐ Menopause
☐ PCOS
☐ Thyroid disorder
☐ High/low blood pressure
☐ Poor wound healing
☐ Bruises easily
☐ Cold sores/herpes simplex
☐ Hepatitis/HIV/AIDS
☐ Tobacco user/smoker
☐ Current use of tanning beds
☐ Accutane in the last 6 months
☐ Other:_____

What areas of concern do you have regarding your skin?

☐ Breakouts/Acne
☐ Blackheads/Whiteheads
☐ Excessive Oil/Shine
☐ Dull/Dry Skin
☐ Fine Lines/Wrinkles
☐ Uneven Skin Tone
☐ Sun Damage/Brown Spots
☐ Melasma
☐ Acne Scars
☐ Rosacea
☐ Redness/Flushing
☐ Broken Capillaries
☐ Other: _____

Which of the folllowing skincare products do you use at home?

☐ Cleanser
☐ Toner
☐ Exfoliant/Scrub
☐ Retinol/Tretinoin
☐ Vitamin C
☐ AHA/BHAs
☐ Skin Lighteners
☐ Acne Topicals
☐ Serums
☐ Eye Cream
☐ Moisturizer
☐ Sunscreen
☐ Other: _____

Which of the following cosmetic procedures have you received before?

☐ Chemical Peels ☐ Dermaplaning ☐ Laser Resurfacing
☐ Medical Grade Facials ☐ Microdermabrasion ☐ Facial Plastic Surgery
☐ Spa Facials ☐ Hydrafacial ☐ Botox/Dysport/Xeomin
☐ Extractions ☐ Micro-Needling ☐ Fillers
☐ Other: _____

Which of the following treatments are you interested in today?

☐ Treatment Consult ☐ Dermaplaning ☐ Face Threading or Waxing
☐ Product Consult ☐ HydraFacial ☐ Lash/Brow Tinting
☐ Traditional Facial ☐ Microdermabrasion ☐ Whatever you suggest!
☐ Chemical Peel ☐ Extractions
☐ Other: _____

How would you prefer us to follow up with you if needed?

☐ Phone ☐ Email ☐ None, I will follow up with you if necessary

Is there someone we can thank for your referral?

☐ No ☐ Yes: _____

I have completed this form to the best of my knowledge and agree to inform the technician of any changes in the above information. I will also inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I understand that some skin conditions may require more than one treatment and home care products to achieve the result desired. Results cannot be guaranteed due to individual skin type(s) and condition(s).

Signature: _____ Date: _____