

SKIN  **BODY**
 $\sqrt{\phi}$ Alchemy
HEALING SPA TREATMENTS

CONFIDENTIAL VIRTUAL SKIN CONSULTATION FORM

Please fill out this form and email back to us at SkinAndBodyAlchemy@gmail.com

DATE _____	DATE OF BIRTH _____
NAME _____	DO YOU SMOKE? _____
ADDRESS _____	HAVE YOU BEEN TREATED FOR: (PLEASE CHECK)
_____	<input type="radio"/> ACNE <input type="radio"/> SKIN DISEASE <input type="radio"/> HIGH BLOOD PRESSURE
CITY/STATE/ZIP _____	<input type="radio"/> COLD SORES <input type="radio"/> DIABETES <input type="radio"/> CANCER
CELL _____	LIST OF ALL ALLERGIES _____
EMAIL _____	LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING _____
REFERRED BY _____	ARE YOU PREGNANT? _____ HORMONE THERAPY? _____
	ARE YOU PRONE TO COLD SORES? _____

PERSONAL INFORMATION

SELECT YOUR CURRENT LEVEL OF STRESS: 1 2 3 4 5 6 7 8 9 10

SELECT YOUR NORMAL LEVEL OF STRESS: 1 2 3 4 5 6 7 8 9 10

HOW MANY OUNCES OF WATER DO YOU DRINK DAILY? _____ DO YOU TAKE SUPPLEMENTS/VITAMINS? _____

DO YOU EXERCISE? _____ IF SO, HOW OFTEN: _____ YOUR LAST SUNBURN? _____ DO YOU USE TANNING BEDS? _____

WHEN YOU GO OUT INTO THE SUN, DO YOU (CHECK ONE):

ALWAYS BURN (I) USUALLY BURN (II) SOMETIMES BURN (III) RARELY BURN (IV) VERY RARELY BURN (V) NEVER BURN (VI)

HAVE YOU EVER BEEN UNDER THE TREATMENT PLAN OF A:

DERMATOLOGIST PLASTIC SURGEON ESTHETICIAN

IF YES, WHAT PROCEDURE? _____

ARE YOU CONCERNED ABOUT SKIN CONDITIONS ON YOUR BODY? (CHECK ALL THAT APPLY)

SUN SPOTS SKIN LAXITY DRY / ROUGH

WHAT SKINCARE PRODUCTS ARE YOU CURRENTLY USING? _____

SELECT HOW YOU FEEL ABOUT THE OVERALL QUALITY OF YOUR SKIN:

(IT COULD BE BETTER) 1 2 3 4 5 6 7 8 9 10 (LOOKS GREAT)

YOUR SKIN TYPE IS? (PLEASE CHECK ONLY ONE):

NORMAL DRY/DEHYDRATED OILY ACNE/ACNE PRONE ROSACEA

IN ORDER OF IMPORTANCE, PLEASE RANK 1 (MOST IMPORTANT) TO 5 (LEAST IMPORTANT) IMPROVEMENT IN THE NEXT 30 DAYS:

____ REDUCTION OF FINE LINES ____ ACNE SCARS DIMINISHED ____ REDUCTION OF OIL/ACNE

____ REDUCTION OF BROWN SPOTS/SUN DAMAGE ____ REDUCTION OF REDNESS

TREATMENT PLAN (TO BE COMPLETED BY PHYSICIAN/ESTHETICIAN)

CUSTOMIZED SKIN KIT RECOMMENDATION

GLOWING HYDRATION IN THE CLEAR

OTHER RECOMMENDATIONS: _____

Next recommended virtual consultation date: _____ Next in-room treatment date: _____

SIGNATURE: _____ DATE: _____

Thank you for completing this confidential questionnaire.

Age later.™ Virtual.
Skin & Body Alchemy