



Medical Aesthetics Intake Form

Patient's Name _____ Date of Birth _____ Today's Date _____
Address _____ City, State, Zip _____
Home Phone _____ Cell Phone _____
E-Mail _____

(required for specials/events and appointment confirmations)

How did you hear about us? (please be as specific as possible) _____

Medical History

List any non-topical medications you take (hormones, birth control pills, antibiotics, blood pressure, etc.):

List any topical medications you use (Retin-A, other prescribed acne medications, antibiotics etc.):

Have you ever been prescribed Accutane or any other oral retinoid? If so, list duration.

List any medication allergies, skin allergies or sensitivities:

List any health problems or reasons you are under a physician's care:

List any history of skin cancer or family history of skin cancer:

List any skin care problems that you see a physician or aesthetician for:

Have you ever had a cold sore? Yes No

Females: Are you pregnant or breastfeeding? Yes No

Skincare History

Do you have any of the following skin issues?

Fine Lines Deep Wrinkles Skin Laxity Volume Loss Brown Spots
Tone/Texture Concerns Large Pores Acne Redness Dull Skin

Do you have a history of acne or breakouts? Yes No

Do you only experience acne or breakouts around your menstrual cycle? Yes No

Would you describe your skin type as Normal Combination Oily Dry

Do you flush or redden when eating spicy foods, drink alcohol or are in the sun? Yes No

How does your skin react when you are exposed to the sun?

I Always Burn II Usually Burn III Sometimes Burn IV Rarely Burn

V Never Burn (Brown) VI Never Burn (Black)

Do you wear sunscreen daily? Yes No If yes, what is the SPF of your sunscreen? _____

Have you had any unprotected natural sun or tanning bed exposure in the last 6 weeks? Yes No

Do you currently use skincare products on a daily basis? Yes No

What skincare products are you currently using?

Have you ever had the following?

If yes, when was your last treatment?

Facial

Chemical Peel

Dermaplaning/Micro-Needling

Waxing/Microblade/Lashes

Botox / Dysport / Jeuveau / Xeomin

Filler (Restylane,, Juvederm, Voluma, etc.)

Laser Treatment (list year and type)

Cosmetic Surgery (list year and type)

Are you interested in learning more about any of the following treatments that we offer?

Facials Chemical Peels Dermaplaning HydraFacial Microneedling Skin Care Products

Botox Fillers Aquagold Kybella PDO Threads PRP

Laser Hair Removal IPL - Treat Brown/Red Spots HALO MORPHEUS VIVACE

Skin Tightening CoolTone CoolSculpting QWO for Cellulite Butt/Breast Lift

Sexual Rejuvenation Hair Restoration O-Shot/P-Shot Sauna Float Pod

Ozone Exosomes Hormone Treatment Medical Weight Loss Wellness Medicine IV Therapy

What issues would you like to address today?

1. _____

2. _____

3. _____

Please be advised that our cancellation policy states that all no shows and late cancellations (less than 48 hours) will be charged a \$25 fee for services under \$750 or under 75 minutes scheduled treatment time. A fee of \$75 will be charged for services over \$750 or over 75 minutes treatment time. A 50% deposit is required for services over \$750 or over 75 minutes treatment time. If you need to cancel or reschedule, we do require 48 hours notice so another patient can have that appointment time. We are a small company and strive to provide the best personal care possible by not over-booking. Thank you for your understanding and for choosing aNu.

Patient's Name (Please Print)

Patient's Signature

Date