# Derma Bright Clinic - Skin Consult Form

DATE: ______________________________

| Your name: |
|---|

| ❑ **Gender:** | ❑ Male | ❑ Female |
|---|---|---|

| D.O.B./Age: | Contact Tel #: ______________________ | Address: ____________________________________________ ____________________________________________ __ |
|---|---|---|

| Email: |
|---|

| How did you hear about us? |
|---|

| What skin care products are you currently using? |
|---|

❑ **What skin problems concern you ?**

| | |
|---|---|
| ❑ Acne | ❑ Brown Discoloration |
| ❑ Blackheads | ❑ Unwanted Hair |
| ❑ Wrinkles | ❑ Broken capillaries |
| ❑ Dry Skin | ❑ Sun damage |
| ❑ Red Discoloration | ❑ Flaky skin |
| ❑ Textural Changes | ❑ Other: ____________ |
| ❑ Skin Lesions or Spots | ❑ Other:_____________ |

❑ **When exposed to 30 minutes of mid-day summer sun, does your skin :**

- ❑ Always burns
- ❑ Usually tans, occasionally burns
- ❑ Burns, then tans
- ❑ Always tans

❑ **Have you recently used any self-tanning lotions, creams or treatments?**

- ❑ Yes

- No

- **Have you ever had an allergic reaction to any of the following?**
  - Cosmetics
  - Medicine
  - Fragrance
  - Sunscreens
  - Animals
  - Iodine
  - Other ____________________________________________________________
- **Within the last year, have you had any surgery?**
  - Yes
  - No
- **Do you take Vitamins and if so please name them?**
  - Yes Type: ________________________________________________________
  - No
- **Do you take any Medication?**
  - Yes Type: ________________________________________________________
  - No
- **Have you used aesthetic machine before?**
  - Yes Type: _______________________________________________________
  - No
- **Within the last year, have you been under a Dermatologist's or other physician's care?**
  - Yes
  - No
- **Upload supporting medical reports (if any)**
  - Yes Type: _________________________________________________________
- **May I call you at contact number to confirm future appointments?**
  - Yes
  - No
- **May I contact you via email about future promotions and news?**
  - Yes
  - No
- **Prefered consultation format?**
  - Video / Skype / Google Hangouts
  - Phone / Face Time/ What's App
  - Face to face in Clinic
- **Future Appointments/Contact:**
  - ____________________________________________________________________________

**General Comments:**