ARCONA
Los Angeles

Skincare Intake Form

Please answer the following questions so that we may understand your current skin condition and offer you the best possible analysis and skin treatment. This information will be held confidential and shared only with your skin care specialist.

First/Last Name____ Phone #______________________

Address____

City____State_______________Zip_____________________

Email____ Birthdate _________________________________

Please check if you have used any of the following medications.*

□ Retin A/Renova
□ Glycolic Acid/ Alpha Hydroxys
□ Isotrexin
□ Tretinoin
□ Adapalene
□ Roaccutane
□ Stieva.A
□ Refissa
□ Obagi Nu-Derm Tretinoin
□ Metrogel
□ Vitamin C
□ Hydroquinone
□ Retrieve TM
□ Tretin.X
□ Retin-A Micro
□ Tazorac
□ Avita
□ Avage
□ Tri-Luma
□ Brevoxyl
□ Altinac Ziana
□ Epiduo
□ Airol
□ Stievimycin

*This is not a complete representation of all the retinoids/topical medication available; however, please answer to the best of your ability.

Have you taken any ORAL medications listed below within the last 12 months?

□ Accutane
□ Roaccutane
□ Claravus
□ Amnesteen
□ Sotret

Have you had any of the following?

□ Laser Resurfacing
□ Glycolic Acid/Alpha Hydroxys
□ Skin Cancer
□ Dermatitis
□ Chemical Peels
□ Keloid Scarring
□ Other (specify) ____

Do you have any known allergies to aspirin, fruits (papaya/pineapple) , shellfish, milk or any other ingredients/products?

□ YES □ NO If answered “YES”, which product or cosmetic ingredient? ______________________________________

____.

Which conditions do you want to improve?

□ Hyper Pigmentation (Brown Spots) □ Acne Scarring □ Fine Lines & Wrinkles
□ Sun Damage □ Age Spots □ Acne
□ Enlarged Pores

Skin Type

□ Oily □ Dry □ Combination □ Normal □ Not Sure

Specific Skin Concerns

□ Sensitive □ Ingrown Hairs □ Congested Pores
□ Redden Easily □ Excessive Dryness □ Enlarged Pores
□ Reactive Skin □ Eczema □ Blackheads/whiteheads
□ Diffused Redness □ Broken Capillaries □ Psoriasis
□ Oily □ Lack of Firmness □ Itchness
□ Razor Bumps □ Discomfort
□ Other skin irregularities (speficy)? ____

Hyperpigmentation Cause:

□ Pregnancy □ Antibiotics □ Acne Lesions
□ Birth Control Pills □ Sun Exposure □ Picking

How long have you had this hyperpigmentation condition? ____

Do you use skin lighteners (Hydroquinone)? □ YES □ NO

Type of sun protection you currently use

□ Clothes □ Hat □ Sun Glasses □ Sunscreen

Do you sunbathe or participate in outdoor activities? □ YES □ NO
Do you use indoor tanning beds? □ YES □ NO

Skin Texture

☐ Coarse ☐ Thin ☐ Wrinkles ☐ Thick

Skin Deterioration

☐ Fine Lines ☐ Wrinkles ☐ Brown Spots ☐ Furrows

Acne Conditions

Do you have acne or are currently being treated for this condition? ☐ YES ☐ NO

If yes, which condition?

☐ Pustules ☐ Papules ☐ Comedones

☐ Nodules ☐ Cysts ☐ Milia

Are you using or have you ever used medications for acne? ☐ YES ☐ NO

Have you seen a Dermatologist in the past year? ☐ YES ☐ NO

Have you ever had Herpes (cold sores)? ☐ YES ☐ NO

Have you ever been treated with Zovirax TM/Valtrax TM or any herpes medication? ☐ YES ☐ NO

Do you have Epilepsy or Diabetes? ☐ YES ☐ NO

If answered "yes", you will need a doctor's certificate for the use of certain products/treatments.

Are you presently under a physician's care for any reason? ☐ YES ☐ NO

Do you use Biore or Snore Strips? ☐ YES ☐ NO

Do you take nutritional supplements? ☐ YES ☐ NO

Have you had any facial waxing or electrolysis in the past week? ☐ YES ☐ NO

Wait 5 days before and after hair removal treatment

FEMALE CLIENTS ONLY

Are you on hormone replacement therapy? ☐ YES ☐ NO

Are you presently taking birth control pills? ☐ YES ☐ NO

Are you pregnant or planning to be? ☐ YES ☐ NO