Patient Intake Form

Name (Last, First, Middle Initial) | DOB | Gender | Date

Street Address, City, State, Zip Code

Primary Phone Number | Other Phone Number | Email Address

What are your main skin concerns?

- ☐ Acne
- ☐ Acne Scarring
- ☐ Wrinkles/Fine Lines
- ☐ Pigmentation/Sun Spots/Age Spots
- ☐ Melasma
- ☐ Body – Area _____
- ☐ Anti-Aging (preventative)
- ☐ Tone/Texture

Do you have any known allergies or sensitivities? ☐Yes ☐No

Any Accutane (isotretinoin) use in the past 3 months? ☐Yes ☐No

Are you pregnant or breastfeeding? ☐Yes ☐No

Are you prone to cold sores? ☐Yes ☐No

List all prescription medications you're currently taking?

Have you recently had a laser treatment? ☐Yes ☐No

If yes, what type and when - _____

Have you recently had any other aesthetic treatments within the past 2 weeks? ☐Yes ☐No

Have you recently had waxing performed or threaded? ☐Yes ☐No

Do you tend to sunburn? ☐Yes ☐No

Do you plan on being outdoors for an extended period of time within the next two weeks? ☐Yes ☐No

Please list skincare products you are currently using - _____

For Practitioner Use Only:

Does the patient qualify to receive a VI Peel treatment? ☐Yes ☐No

VI Peel to be performed - _____

Lot Number/Expiration Date - _____

Notes - _____

_____ _____

Practitioner Signature | Patient Signature