

SHANTI MEDICAL SPA & WELLNESS CENTER
Skin Care Profile

NAME: _____ **DATE:** _____

ADDRESS: _____

City: _____ **State:** ____ **Zip code:** _____

Gender: M or F **DOB:** _____ **Cell:** _____

Email: _____

How did you hear about us? _____

1. Do you have any medical conditions? No__ or Yes__ Please list below:

2. Are you allergic to any medications? No__ or Yes__ Please list below:

3. Are you on any medications/vitamins/herbs? No__ or Yes__ Please list below:

4. Do you smoke? No__ Yes__

If yes, how much? _____

5. Do you drink alcohol? No__ Yes__

If yes, how much? _____

6. Which of the following best describes you?

Caucasian Asian/Pacific islander Hispanic Native American
 African/ African-American Middle Eastern South Asian

7. When exposed to the sun without protection for one hour, do you:

- Always burn, never tan
- Usually burns, can tan with difficulty
- Sometimes burn, can tan to golden brown
- Rarely burns, can tan easily and quickly
- Naturally brown skin, can tan easily and quickly
- Naturally black skin

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8. Have you ever had a fever blister or cold sore? No__ Yes__

If so, when was your last outbreak? _____

9. Do you have a tendency to scar? __No __Yes If so, do you form a keloid? __

If you scar, your scar appears: __Darker __Lighter __Redder than normal

10. How would you describe your skin?

__Normal __Dry __Oily __Combination

11. Please describe your current skin care regimen?

12. Do you use a SPF daily? No__ Yes__

13. What are your top three skin concerns?
