



Unlimited Potential skin care studio  
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## Skin Care Assessment

Last Name		First Name	
Birthday		Address	
City, State, Zip			
Home	Cell		Work
Email		Your Occupation	

## Personal History

How did you hear about us?

What is your skincare goal?

What is your skin care regimen at home?

Ever taken Accutane, Retin A or Renova for acne at present or in the past?

If yes, how long ago?

Do you exfoliate your skin regularly, if yes, how often?

Any acute or chronic injuries to neck, shoulders or spine?

Have you ever been waxed, had electrolysis, laser or any other cosmetic procedures?

Do you use sunscreen products?

Please list any medications you are currently taking: Please list any allergies (medications or environmental):

### Women Only:

Are you currently pregnant?

Are you on hormone replacement therapy?

Have you had a hysterectomy?

### Men Only:

How often do you shave?

Ever experience shaving irritation?

Do you experience ingrown hair?

## Terms of Service

I understand that the services offered are not a substitute for medical care, and any information provided by the skin care therapist is for educational purposes only and not diagnostically prescriptive in nature. I confirm (to the best of my knowledge) that the answers I have given are correct and I have not withheld any information that may be relevant to my treatment.

Client's Signature

Date