

# ADVANCED

## PLASTIC SURGERY CENTER

### Esthetician Intake Form

Please list your current skincare regimen:

Do you currently or have you ever used Retin A, Accutane, Renova, or any products containing Retinol?

Have you ever had any reactions to skincare products or treatments before?

#### Reason For Visit:

#### Cosmetic Concerns

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Aging Skin      | <input type="checkbox"/> Dryness             | <input type="checkbox"/> Scar Management   |
| <input type="checkbox"/> Acneic Skin     | <input type="checkbox"/> Fine Lines/Wrinkles | <input type="checkbox"/> Skin Rejuvenation |
| <input type="checkbox"/> Acne Scarring   | <input type="checkbox"/> Pigmentation        | <input type="checkbox"/> Volume Loss       |
| <input type="checkbox"/> Body Contouring | <input type="checkbox"/> Redness             | <input type="checkbox"/> Other             |

#### I would like more information about the following skincare:

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Anti-Aging Serums | <input type="checkbox"/> Lightening Agents | <input type="checkbox"/> Retinol   |
| <input type="checkbox"/> Cleansers         | <input type="checkbox"/> Moisturizer       | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Eye Cream         | <input type="checkbox"/> Neck Cream        | <input type="checkbox"/> Other     |