



...the beginning of the rest of your life.

(520) 495 4400
3920 North Campbell Avenue
Tucson Arizona 85719
genesismc.com

Skin Care Patient Intake Form

NAME: _____ TODAY'S DATE: _____

Y / N Have you had cosmetic procedures in the past?

Y / N Chemical Peel: Obagi Blue Peel other: _____

Y / N Do you have allergies: _____

Y / N Skin Sensitivities: _____

Y / N Fragrance Sensitivities: _____

Y / N Acne Scarring: _____

Y / N Do you use Hydroquinone: _____

Y / N Hyperpigmentation: _____

Y / N Hyperthyroidism: _____

Y / N Age Spots on Hands & Arms: _____

Y / N Rhinosinusitis: _____

Y / N TMJ: _____

Y / N Aspirin allergies: _____

Y / N Rosacea: _____

Y / N Sunscreen: _____

Y / N Botox: _____

Y / N Fillers: _____

Y / N Permanent Make-up: Lips _____ Brows _____ Eyeliner _____

WARNING: Ultrasound increases cell turn over and may cause Botox, Fillers, and Permanent Make-up to eliminate quicker.