ANEW
SKIN AND WELLNESS, LLC

Skin Treatment History

Date

Name

Date of Birth Age

What would you like to address about your skin?

Are you taking any medications at this time? Yes ☐ No ☐
If yes, what are they and what are they for?

Have you ever seen a dermatologist? Yes ☐ No ☐
If yes, when and what for?

What color is your skin?
☐ Fair ☐ Olive ☐ Dark
☐ Black ☐ Other _____

What is your ethnicity?
☐ African ☐ German ☐ Italian ☐ Polish
☐ Asian ☐ Greek ☐ Middle Eastern ☐ Scandinavian
☐ English ☐ Hispanic ☐ Native American
☐ French ☐ Irish ☐ Other _____

When were you last in the sun?

When were you last tanning?

When did you last use self tanner?

Do you have any allergies? Yes ☐ No ☐
If yes, to what are you allergic?

Are you taking any supplements? Yes ☐ No ☐
If yes, what are they and what are they for?

Have you ever used Accutane, AHA's, Retin A, Renova? Yes ☐ No ☐
If yes, when?

Have you ever suffered from cold sores? Yes ☐ No ☐
Have you ever suffered from genital herpes? Yes ☐ No ☐
Have you had Gold Therapy or Chelation? Yes ☐ No ☐
Do you get skin rashes in the sun? Yes ☐ No ☐
Do you have any tattoos? Yes ☐ No ☐
Do you have any permanent makeup? Yes ☐ No ☐
If yes, where?

Have you had trouble with scars, wounds or pigment? Yes ☐ No ☐
Do you smoke? Yes ☐ No ☐
Do you consume alcohol? Yes ☐ No ☐
Do you use any other substance? Yes ☐ No ☐
What skin care products are you now using?

What type of skin treatments have you had?
When and where?

Signature Date

always perfect always anew

19265 W. Capitol Dr., Brookfield, WI 262-373-1810 anewsw.com info@anewsw.com