ANEW
SKIN AND WELLNESS, LLC

Skin Treatment History

What would you like to address about your skin?

- ☐ Wrinkles
- ☐ Texture
- ☐ Tightening
- ☐ Sun Damage
- ☐ Acne
- ☐ Scarring
- ☐ Other _____

Are you taking any medications at this time? Yes ☐ No ☐

If yes, what medications?

_____

_____

_____

Have you ever seen a dermatologist? Yes ☐ No ☐

If yes, when and what for?

_____

When were you last tanning or in the sun?

_____

Do you typically burn in the sun? Yes ☐ No ☐

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

_____

_____

_____

Do you have any allergies? Yes ☐ No ☐

If yes, to what are you allergic?

_____

Are you taking any supplements? Vitamin E, fish oil, etc.

Yes ☐ No ☐

If yes, what are they?

_____

_____

_____

Have you ever used Accutane, AHA's, Retin A, Retinol?

Yes ☐ No ☐

If yes, when and what?

_____

_____

Do you suffer from cold sores? Yes ☐ No ☐

Do you get skin rashes in the sun? Yes ☐ No ☐

Have you had trouble with scars, wounds or pigment?

Yes ☐ No ☐

Do you smoke? Yes ☐ No ☐

What is your nationality?

_____

What skin care products are you now using?

_____

_____

_____

_____

Signature _____ Date _____

always perfect always anew

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