

**The Skin Care Institute
Client Profile**

You are a valued client. This personal profile will allow us to customize products and treatments for your specific hair, skin and body needs. We appreciate you taking the time to complete this paperwork.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of birth _____ Gender M F

Who referred you to us? _____

Contact person in case of emergency _____ Phone _____

Lifestyle Background

Type of work you do _____

Stress level High Medium Low Quality of Sleep Good Fair Poor

Do you smoke? Yes No How many glasses of water do you drink a day? _____

Do you exercise or participate in sports? Yes No Describe _____

Are you under the care of a physician? Yes No Describe _____

Are you a patient of Dr. Jeff Alexander? Yes No

Recent surgeries? Yes No Describe _____

Are you taking any medications (prescriptions/herbs)? Yes No If yes, describe _____

Do you have any allergies to medication? Yes No Describe _____

Have you ever had an allergic reaction? Yes No Describe _____

Have you ever been diagnosed with Vitiligo? Yes No Describe _____

Are you taking any blood thinners? Yes No Are you diabetic? Yes No

Do you have any immune disorders? Yes No

Do you take anti-inflammatory medication? Yes No

If female, do you have a regular menstrual cycle? Yes No

Are you pregnant? Yes No Do you have a pacemaker? Yes No

Do you take Gold pills for arthritis? Yes No

Skin Profile

What treatments are you interested in? _____

What areas are you interested in treating? _____

Have you previously had any cosmetic procedures done? Yes No

Please indicate whether you have had any of the following:

- Laser resurfacing Microdermabrasion Facial peel/chemical exfoliation
 Facelift Dermabrasion Eyelift Other _____

Do you use sunscreen daily? Yes No

Do you tan or go to a tanning salon? Yes No

Do you have a history of skin cancer? Yes No If yes, please describe type and location _____

Please describe your skin type:

- I Always burns easily, never tans, extremely sun-sensitive skin.
- II. Always burns easily, tans minimally, very sun-sensitive skin.
- III. Sometimes burns, tans gradually to light brown, minimally sun-sensitive skin.
- IV. Burns minimally, always tans to moderate brown, minimally sun-sensitive.
- V. Rarely burns, tans well, sun-insensitive skin (Native American/Hispanic).
- VI. Never burns, deeply pigmented, sun-insensitive skin (African American).

Please list all of the products you currently use on your skin _____

Do you currently use any retinoid product? Yes No If so, what strength? _____

Do you currently use any alpha-hydroxy product? Yes No

Do you currently take Accutane? Yes No If so, what dosage? _____

Do you bleed/bruise easily? Yes No

Have you ever had fever blisters of cold sores? Yes No How frequently? _____

For Hair Removal Only

What area(s) of your body do you want to treat? _____

What methods of hair removal have you tried previously? _____

Approximate date of last treatment _____

Results _____

Nail Profile

Nail Condition: Dry Very Dry Normal Strong Weak

Are you currently wearing Acrylic Gel Other nail enhancement _____

How often do you have professional nail care services performed? _____

Do you have a job that is harsh on your nails? Yes No

I understand that the procedures performed at the Skin Care Institute are cosmetic in nature and are not covered by any insurance carrier.

Signature _____ Date _____

E-Mail _____



APPOINTMENT CANCELLATION POLICY

Your time is valuable as is ours and we continually strive to serve you better. Each service is scheduled for an allotted amount of time to assure you the best possible treatment.

We realize that late arrivals and cancellations sometimes cannot be helped. Late arrivals will receive the best possible service in the remainder of their allotted time.

We require a 24-hour notice of cancellation for all appointments. Failure to notify us may result in a charge for half the amount of the cost of the procedure scheduled and may be imposed at the discretion of the management.

Signature _____

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