



Personal Information

Name:

Phone:

Email:

Gender:

Skin History

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 48-72 hours?

No Yes

Are you using Retin-a, Renova or Accutane (an oral form of Retin-a)?

No Yes

Are you using any other skin thinning products and/or drugs?

No Yes

Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon?

No Yes

Do you use a tanning bed?

No Yes

Are you diabetic?

No Yes

Additional Information

Are you currently taking medications? If so, please list all (including over the counter drugs/herbal supplements):

What skin products do you regularly use on your skin?

Have you ever been treated for cancer? If yes, when and what types of therapies were used?

Please list any other illness/condition you are currently being treated for by a medical professional

(Female clients) When is your next menstrual cycle due to begin?

Informed Consent Release

I sadf , do fully understand all the questions above and have answered them all correctly and honestly. I understand that the services offered are not a substitute for medical care. I understand that the skin care professional will completely inform me of what to expect in the course of treatment and will recommend adjustments to my regimen if deemed necessary. I also am aware that individual results are dependent upon my age, skin condition, and lifestyle. I agree to actively participate in following appointment schedules and home care procedures to the best of my ability, so that I may obtain maximum effectiveness. In the event that I may have additional questions or concerns regarding my treatment or suggested home product routine, I will inform my skin care professional immediately. I release and hold harmless the skin care professional Laura Lopez, SKIN by Laura Lo, and the staff harmless from any liability for adverse reactions that may result from this treatment.



Client Signature _____

Date July 25, 2023