

**Blue Spruce Cosmetic
& Spa Clinic**

16729-100 St
Edmonton, AB
T5X 3Z9
Tel: 780-457-1351
Fax: 780-478-7796

Skin Evaluation Form

Last Name:		First Name:	
D.O.B.:		Best Phone:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other	
1. What is the reason for your visit today?			
2. What special areas of concern do you have (Check any below that apply)?			
<input type="checkbox"/> Acne Scarring	<input type="checkbox"/> Pigmentation	<input type="checkbox"/> Hair Removal	<input type="checkbox"/> Fine Lines & Wrinkles
<input type="checkbox"/> Scars	<input type="checkbox"/> Sun Damage	<input type="checkbox"/> Acne	<input type="checkbox"/> Stretch Marks
<input type="checkbox"/> Age Spots			
3. Do you? <input type="checkbox"/> Sunbathe <input type="checkbox"/> Use tanning bed How often?			
4. Have you ever had (Check all that apply)?:			
<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Laser Hair Removal	<input type="checkbox"/> Cosmetic Fillers	<input type="checkbox"/> Botox or Dysport
<input type="checkbox"/> Chemical or Natural Peels	<input type="checkbox"/> Body Treatments	<input type="checkbox"/> Collagen Injections	<input type="checkbox"/> Cosmetic Surgery
5. Do you bruise easily? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Have you ever used? <input type="checkbox"/> Accutane <input type="checkbox"/> Retin-A <input type="checkbox"/> Renova <input type="checkbox"/> Topical Antibiotic <input type="checkbox"/> Hydroquinone			
7. Personal or family history of Cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No Type?			
8. Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. How would you rate skin? Select one:			
<input type="checkbox"/> Always burns, never tans	<input type="checkbox"/> Seldom burns, always tans well	<input type="checkbox"/> Burns easily, tans slightly	
<input type="checkbox"/> rarely burns, deep tan	<input type="checkbox"/> Burns moderately, tans gradually	<input type="checkbox"/> Never burns, deeply pigmented	
10. How would you describe your skin (Check all that apply)?:			
<input type="checkbox"/> Normal	<input type="checkbox"/> Oily	<input type="checkbox"/> Dry	<input type="checkbox"/> Freckled
<input type="checkbox"/> Wrinkled	<input type="checkbox"/> Saggy	<input type="checkbox"/> Firm	<input type="checkbox"/> Large Pores
<input type="checkbox"/> Sallow	<input type="checkbox"/> Scarred	<input type="checkbox"/> Cystic	<input type="checkbox"/> Melasma
<input type="checkbox"/> Blotchy	<input type="checkbox"/> Mature	<input type="checkbox"/> Uneven	<input type="checkbox"/> Acne
<input type="checkbox"/> Milia	<input type="checkbox"/> Comedones		
<input type="checkbox"/> Sun Damaged	<input type="checkbox"/> Small Pores	<input type="checkbox"/> Asphyxiated	<input type="checkbox"/> Hypopigmented
<input type="checkbox"/> Florid	<input type="checkbox"/> Rosacea	<input type="checkbox"/> Post-inflammatory Hyperpigmented	<input type="checkbox"/> Occasional Breakouts
		<input type="checkbox"/> Perfumed Stained	
Other information:			

Signature: _____ Date: _____