



Gardens Dermatology

11030 RCA Center Drive
Palm Beach Gardens, FL 33410
561-776-7041 (phone)
561-776-7043 (fax)



The information you provide on this form will help our liscensed aesthetician to provide you with the best course of treatment.

Name: _____ DOB: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Please circle any applicable choices below:

Pregnant Contact Lenses Currently Sunburned Uses Tanning Booths/Beds

Gets Facial Waxing Electrolysis Uses Depilatories Uses Biore Pore Strips Smoker

Uses Retin-A Uses Renova Uses Differin On Accutane Regular Botox Athlete

Regular Microdermabrasion Regular Restylane or Juvederm Acne Prone

What type of work do you do? _____

Have you recently had facial surgery? If so, what kind? _____

What is your daily home care regimen? _____

What kinds of allergies or sensitivities do you have? _____

What medications are you currently taking? _____

How would you describe your skin type? _____

What is your hereditary background? _____

Patient/Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____

*Based on the information you provide, our liscensed aesthetician has the right to refuse treatment if such treatment is ruled as being detrimental to your health. Certain factors determine which courses of treatment are best used.