

**The Lane Center for Natural Healing**  
160 Old Derby Street, Suite 457  
Hingham, MA 02043  
Tel: 781-741-8800  
Fax: 781-741-8810

## Skin Care Intake Form

Name:	Home Phone:
Address:	Business Phone:
	Email:
Date of Birth:	Referral Source: May we thank your referral source?
Do you wear contact lenses? Y / N	Do you ever experience burning or itching on your skin? Y / N
Do you have asthma? Y / N	
Are you pregnant? Y / N	Are you allergic to anything? Y / N
Do you have heart trouble? Y / N	If yes, please list:
Do you have diabetes? Y / N	
Please list any medications you now take:	Have you ever had a facial? Y / N
	Do you give yourself a facial at home? Y / N
	If yes, how often?
Are you using Renova, Accutane, glycolic acids, or any prescription drugs for your skin? Y / N	How do you cleanse your face? Soap or cleanser? Brand name:
If yes, please list:	Please list any cosmetics you are currently using:
<b>Signature:</b>	<b>Date:</b>

### PLEASE DO NOT WRITE BELOW THIS LINE

**Skin texture:** Thin \_\_\_ Medium \_\_\_ Thick \_\_\_

**Complexion color:** Pale \_\_\_ Pink \_\_\_ Olive \_\_\_

**Pigmentation:**

Even \_\_\_ Uneven \_\_\_ Birthmarks \_\_\_  
Pregnancy mask \_\_\_ Some freckling \_\_\_  
Heavy freckling \_\_\_

**Facial wrinkles:**

Deep \_\_\_ Crows Feet \_\_\_ Fine Lines \_\_\_

**Broken Capillaries:**

Nose \_\_\_ Nose area \_\_\_ Cheek area \_\_\_  
Chin area \_\_\_ Forehead \_\_\_ Entire face \_\_\_

**Condition:**

Pimples \_\_\_ Whiteheads \_\_\_ Blackheads \_\_\_  
Enlarged Pores \_\_\_ Flakiness \_\_\_ Acne scars \_\_\_ Rosacea \_\_\_

**Skin Type:**

Oily \_\_\_ Dry \_\_\_ Comb. \_\_\_ Dehydrated \_\_\_  
Sensitive \_\_\_ Reactive \_\_\_ Couperose \_\_\_ Acne \_\_\_

**Muscle Tone:**

Good \_\_\_ Fair \_\_\_ Fallen \_\_\_

**Recommendations:**

Cleanser: \_\_\_\_\_  
Toner: \_\_\_\_\_  
Moisturizer: \_\_\_\_\_  
Mask: \_\_\_\_\_  
Comments: \_\_\_\_\_