Alaska Functional Medicine Clinic
Personalized Care with Chris Anne McDonald, FNP
9138 Arlon Street, Suite A-2, Anchorage, AK 99507
Telephone: (907) 375-9395 Fax: (907) 375-9396

Client Information

Name: _____ I prefer to be called: _____
Address: _____ City: _____State: _____ Zip: _____
Primary Phone: (_____)_____ Secondary Phone: (_____)_____
May we leave you a message? Primary Phone: Yes No Secondary Phone: Yes No
Date of Birth: _____ Social Security Number: _____
Check appropriate box: Minor Single Married
Employer: _____ Phone: (____)_____
Address: _____ City: _____ State: _____
Does your job require you to work outdoors? __No __Yes
Emergency Contact: _____ Phone: _____
Relation to you:_____
E-mail Address: _____
Whom may we thank for referring you? _____

Your Skin Care

Have you ever had a facial treatment before? ☐No ☐Yes, when? _____

Have you ever had facial fillers, collagen or botulin (Botox) injections? ☐No ☐Yes, when? _____

Which of the following best describes your skin type? (Please circle one type number)

I	Creamy complexion	Always burns easily, never tans
II	Light Complexion	Always burns, tans slightly
III	Light/Matte Complexion	Burns moderately, tans gradually
IV	Matte Complexion	Seldom burns, always tans well
V	Brown Complexion	Rarely burns, deep tan
VI	Black Complexion	Never burns, deeply pigmented

Do you have any special skin problems or concerns pertaining to your face or body? ☐Yes ☐No
Please specify:
_____

Have you ever had chemical peels, laser or microdermabrasion? ☐No ☐Yes In the last month? ☐No ☐Yes

Do you use Retin-A, Renova, Adapalene Hydroxyl Acid or Retinol/vitamin A derivative products?☐No ☐Yes
Please describe:
_____

Have you used any of these products in the last 3 months? ☐No ☐Yes

Have you used an acne medication? ☐No ☐Yes, when? _____ Which drug? _____

What skin care products are you currently using? (List brand where known)

Soap _____ Shower Gels _____

Toner _____ Body Lotions _____

Mask _____ Sunscreen _____

Eye Product _____ SPF _____

Cleanser _____ Night Moisturizer/Cream _____

Day Moisturizer _____ Other _____

Exfoliator _____ Makeup Products _____

Scrubs _____ _____

Have you recently used any self-tanning lotions, creams or treatments? ☐No ☐Yes

If yes, please specify: _____

Have you used any of the following hair removal methods in the past six weeks? ☐No ☐Yes
Circle all that apply.
Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

What areas of concern do you have regarding your:

Skin: (Please check any that apply and explain)

☐ Breakouts/acne
☐ Blackheads/whiteheads
☐ Excessive oil/shine
☐ Rosacea
☐ Broken capillaries
☐ Redness/ruddiness
☐ Sun spot/liver spot/brown spot
☐ Uneven skin tone
☐ Sun damage
☐ Wrinkles/fine lines
☐ Dull/dry skin
☐ Flaky skin
☐ Dehydrated
Other _____

Eyes
☐Dehydrated ☐Wrinkles ☐Puffiness ☐Dark circles ☐Other: _____

Lips
☐Dehydrated ☐Cracked/chapped lips ☐Other: _____

Have you ever had an allergic reaction to any of the following? (Please check any that apply and explain)

☐Cosmetics ☐AHAs
☐Medicine ☐Fragrance
☐Food ☐Shellfish
☐Animals ☐Latex
☐Sunscreens ☐Drugs
☐Iodine ☐Pollen

If yes, please explain: _____

_____

_____

☐Other _____

What SPF do you use on your face? _____ How often/when? _____

What SPF do you use on your body? _____ How often/when? _____

Have you had any recent tanning bed or sun exposure that changed the color of your skin? ☐No ☐Yes
Please specify:
_____

Female Clients Only
Are you taking oral contraceptives? ☐No ☐Yes
Please specify:
_____

Any recent changes to or from your contraceptive treatment? ☐No ☐Yes
If so, what and when:
_____

Are you pregnant or trying to become pregnant? ☐No ☐Yes
Are you lactating? ☐No ☐Yes
Any menopause problems? ☐No ☐Yes
Please specify:
_____

Are you undergoing any hormone replacement therapy? ☐No ☐Yes
Please specify:
_____

Male Clients Only
What is your current shaving system? ☐Wet shave ☐Electric
Do you experience irritation from shaving? ☐No ☐Yes Ingrown hairs? ☐No ☐Yes

Future Appointments/Contact
May I call you at your home, work or cell phone number to confirm future appointments? ☐No ☐Yes
May I contact you via mail/email about future promotions and news? ☐No ☐Yes

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____ Date:_____

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Aesthetic Client Informed Consent

I hereby consent to and authorize Tawnya Yarger to perform the following procedure:

I have voluntarily elected to undergo this treatment/procedure after the nature and purpose of this treatment has been explained to me, along with the risks and hazards involved, by Tawnya Yarger.

Although it is impossible to list every potential risk and complication, I have been informed of possible benefits, risks, and complications. I also recognize there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle and that there is the possibility I may require further treatments of the treated areas to obtain the expected results at an additional cost.

I have read and understand the post-treatment home care instructions. I understand how important it is to follow all instructions given to me for post-treatment care. In the event that I may have additional questions or concerns regarding my treatment or suggested home product/post-treatment care, I will consult the esthetician immediately.

I have also, to the best of my knowledge, given an accurate account of my medical history, including all known allergies or prescription drugs or products I am currently ingesting or using topically.
I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed)_____

Client Name (signature) _____ Date _____

Aesthetician _____ Date _____