



Le Mieux

RENEW. REGENERATE. REVIVE

PATIENT PROFILE

Please answer the questions below with a Yes or No answer:	YES	NO
Are you pregnant or lactating?		
Do you wear contacts?		
Have you used or received dipilatories or waxing?		
Have you used a tanning booth within the past 14 days?		
Are you currently applying any topical medications?		
Are you currently using Accutane?		
Are you currently using any topical Retinoid prescriptions?		
Have you received any chemical peel treatments		
Have you received any procedures with a medical device within the last 14 days?		
Have you received any dermal filler injection within the last 2 days?		
Do you participate in sports or any vigorous activity?		
Do you smoke?		
Do you use tobacco?		
Are you sensitive to alcohol-based products?		
Are you currently taking any medications?		
Have you had any allergic reactions to skincare products? If yes, please describe the reaction: _____		
Do you have any allergies? If yes, please list: _____ _____		
Do you break out in cold sores or fever blisters? If yes, how often: _____		
Do you travel regularly via air travel? If yes, how often: _____		
Have you undergone a laser resurfacing procedure? If yes, please provide the following information : Date of procedure: _____ / _____ / _____ Procedure name: _____ Procedure details: _____		
Have you recently received any facial reconstruction procedures? If yes, please provide the following information : Date of procedure: _____ / _____ / _____ Procedure details: _____		
Does your skin have any current irritations? If yes, please list: _____		
Do you have permanent makeup? If yes, please list where: _____		

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Please answer the following questions:

Describe your skin tone:

Describe your skin type:

Is your skin: Sensitive Resilient Unsure

I hereby verify that the information included in this Patient Profile form is accurate to the best of my knowledge.

Your
Signature: X _____ Print Name: _____ Date: _____