



Aromatics Skin Clinic - Skin Consent Form

Name

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Best contact number

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Date of birth

08/04/1995

Occupation

Registered Nurse

Gender

Female

Nationality/Family Background

Australian

MEDICAL HISTORY

Are you pregnant or breastfeeding?

No

Do you have a regular mensural cycle?

Mostly regular, cycle can vary

Please list any medication you are currently taking and what you are taking it for

Inner health probiotics - Gut health
Selenium - immune system
Pyrizinc (zinc, manganese, vitamin c, vitamins B6) - immune system/skin/nervous system
DMK EFA - skin health
Fish oil - skin
Vitamin D drops (occasina)

Please list any medication you have taken in the last four years

Contraceptive Pill and doxycycline

Have you had any surgical procedures within the last 12 months. If yes, please stipulate

No

Please list any current and previous medical conditions

Eczema

Please provide your doctor/physician/s name and contact number

Kempsey medical centre
6562 6188

Please list all natural therapies/supplementation that you are or have previously taken

Listed above

Do you take any supplements for accelerated gym performance/protein powders frequently?

No

Do you take any anti-histamines or need the use of an epi-pen in the case of an allergic reaction?

No

Are you allergic to egg and/or do you have any other allergies? If yes, please stipulate

Linalool and limonene.

Do you exercise? If so what type?

Running, walking.

Do you drink alcohol? If yes, how many drinks would you consume in a week?

No

Do you smoke? If yes, how many a day?

No

Do you drink tea/coffee? If yes, how many a day? Sugar and milk?

Herbal tea 1 - 2 a day. Decaf coffee occasionally

How well do you sleep and how many hours would you get a night?

Not great, wake up often. Roughly 7 hours broken sleep.

Please rate your stress levels where 1 is not stressed at all or up to 10 being very chronic.

7-8

YOUR SKIN GOALS

What is it about your skin that you would like to improve?

Reducing flares, being able to control the dryness and reducing the redness.
To have clear healthy skin more often than inflamed skin.

How long has it been bothering you?

Years

Between 1 and 10, please rate how concerned you are about the condition of your skin. Where 1 is not at all and up to 10 being distressing.

10

Do you have any areas on your body that may be of concern to you?

Face, neck, arms, inner thighs, abdomen.

What does your current skin care routine consist of and what brands are you using? AHA/highly active skin care? If yes, how long for and what brand?

I use medik8 cleanser of a morning.
Dermeze moisturiser to face and arms / most of the body.

Tallow to arm when extremely dry

Have these achieved a result for you?

At times yes for short period.

Are you currently using any form of Vitamin A on your skin? If yes, how long for and the strength?

No

Do you wear SPF daily?

No

Please list previous professional skin treatments you have had to address your skin

Dermatologist / bleach baths/ cortisone ointments and creams.
Facial once where they did dermaplanning.

Have you had any skin peels in the last 12 months? If yes, please list the brand/type of peel and results

No

Have you had any Intense Pulsed Light (IPL), Laser Resurfacing (fractionated or ablative), Laser Pigment Removal or micro needling in the last 12-18 months? If yes, please stipulate what was being targeted in your skin, the frequency and results

No

Have you had filler, anti-wrinkle injections or injectable treatments? If yes, how long ago and what was treated?

No

Have you had any cosmetic surgery in the last 12 months?

No

All information collected is strictly confidential/ Information collected is for the benefit of the treatment. Please sign this consent prior to treatment to acknowledge you have not withheld any information relevant to treatment and everything disclosed is accurate and true.

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