Yardley Dermatology Associates
& Yardley Skin Enhancement Center

Barbara McCloskey, Medical Aesthetician
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AESTHETIC SERVICES INTAKE FORM

NAME: ____ DOB: _________________________

EMAIL: ______________________________________ PREFERRED PHONE: _____________________________

WHAT ARE YOUR TOP 3 AESTHETIC CONCERNS IN ORDER OF IMPORTANCE:

1.____

2.____

3.____

DESCRIBE YOUR DAILY SKIN CARE REGIMEN (INCLUDING PRODUCT NAMES):

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ARE YOU INTERESTED IN INFORMATION ABOUT TREATING:

- ☐ Unwanted hair growth (facial or body)
- ☐ Aging or sun damaged skin
- ☐ Wrinkles (Botox, Fillers)
- ☐ Age related loss of fullness in cheeks
- ☐ Scars, stretch marks
- ☐ Facial drooping / sagging
- ☐ Age Spots, melasma
- ☐ Skin care products
- ☐ Rosacea, redness or blood vessels
- ☐ Dry, oily, or sensitive skin care
- ☐ Acne
- ☐ Leg Veins
- ☐ Lip appearance and texture
- ☐ Neck firmness
- ☐ Length or fullness of eyelashes
- ☐ Other ______________________

DO YOU HAVE A HISTORY OF:	YES	NO	
Herpes simplex (cold sores)	☐	☐	
Keloids or thick scars	☐	☐	
Immunosuppression	☐	☐	
Accutane (isotretinoin) use	☐	☐	If YES, date completed: ______________________

HOW DID YOU HEAR ABOUT US?

- ☐ My Dermatologist
- ☐ Ad (TV, magazine, online)
- ☐ Internet / Social Media
- ☐ Practice Website