

BLU INNOVATION AESTHETICS

Skin Treatment Medical Pre-Screen

All advanced skin treatments are clinical procedures and require approval prior to scheduling. Completion of this form does not guarantee candidacy.

1. Full Name

2. Date of Birth

3. Phone

4. Email

5. What treatment are you interested in?

- Chemical Peel
- Microneedling
- Dermaplaning
- Acne Treatment
- Hyperpigmentation Treatment
- Scar Revision
- Neck / Chest Treatment
- Not Sure

6. Are you currently using or have you used in the last 6 months:

- Accutane (Isotretinoin)
- Prescription Retinoids (Tretinoin)
- Hydroquinone
- Topical Steroids
- None

7. Do you currently have:

- Active cold sores
- Open lesions
- Severe acne cysts
- Active skin infection
- Recent sunburn
- Rosacea flare
- None

8. Have you ever been diagnosed with:

- Keloid scarring tendency
- Autoimmune disorder
- Uncontrolled diabetes
- Skin cancer
- None

9. Have you had any cosmetic treatments in the last 4 weeks?

- Laser
- Microneedling
- Peel
- Filler
- Botox
- None

10. Are you:

- Pregnant
- Breastfeeding
- None

Acknowledgment

I understand that advanced skin treatments are clinical procedures. Approval is determined after medical review. Some treatments may be delayed or declined for safety reasons.

Signature: _____

Date: _____