



AK Care
375 Howden Blvd. Unit 2
Brampton, ON L6S 4L6

info@ak.care
647 622 7325

Intake Form

Name: _____ Date of birth: _____

Home Address: _____

Phone: _____ E-mail: _____

How did you hear about us? _____
If referred by a friend or relative, can you disclose their name so we can thank them for their patronage?

How much knowledgeable are you about skin health from 1 to 10? _____

How much do you take care of your skin from 1 to 10? _____

Do you use sunscreen, moisturizer and cleanser regularly? _____

Are you using any medical cosmetic products? If yes what products? _____

Have you ever had cosmetic procedures? What and when? _____

Are you currently pregnant or breast feeding? Yes / No

Do you have diabetes? Yes / No

Do you ever experience Herpes
breakouts (cold sores) in your face? Yes / No

Are you subject to excessive scarring
(keloid formation)? Yes / No

Any bleeding disorders? Yes / No

Have you ever fainted during needle procedures? Yes / No

Any other medical problems not mentioned? _____

What medications are you taking (including aspirin)? _____

Any allergies to medicines including lidocaine or epinephrine? _____

Name

Signature & Date