Today's Date: ________________

Client Information

Full Name: ____

Date of Birth: __________________ Age: __________ Sex:

Address: ____

Email: ____

Cell number: ________________________ Occupation: ______________________

How were you referred to us? ______________________________

Emergency Contact Name: ______________________________

Phone number: ____________________ Relationship: ______________________

Medical History

Are you currently under the care of a Physician or Dermatologist? ◯ Yes ◯ No

Name: ______________________________ Phone number: ____________________

Are there any diseases that run in your family?

____

Have you experienced or have been treated for any of the following? Please select all that apply.

◯ Cancer	◯ Chemotherapy	◯ Eczema
◯ Epilepsy	◯ HIV/AIDS	◯ Skin pigmentation
◯ Keliods	◯ Bleeding/clotting problems	◯ Psoriasis
◯ Polycystic ovaries	◯ Thyroid disease	◯ Dermatitis
◯ Varicose veins	◯ Asthma	◯ Cystic Acne
◯ Herpes	◯ Heart disease	◯ Burns/skin graphs
◯ Diabetes	◯ Skin disorders	◯ Other: ______________

Are you currently pregant or plan to become pregnant? ◯ Yes ◯ No

Do you have any other health problems or medical conditions? Please specify.

____

Do you have any allergies?

____

Please list any past surgeries (such as cosmetic, breast biopsy, C-section, etc.) over the last 24 months:

____

Medications

Are you taking any oral medications? If yes, please specify.

___

Are you taking any topical medications or creams? If yes, please specify. (E.g. Retin-A, Retinol)

___

Have you used recreational drugs in the past 24 hours? ○ Yes ○ No

Have you used oral isotretinoin (Accutane) within the past 6 months? ○ Yes ○ No

Skin Care

What products do you currently use regularly on your skin?

___

___

Have you ever had Microdermabrasion, Chemical Peel, IPL, or Laser Treatments? If yes, when?

___

Have you undergone any Botox or filler treatments in the past two weeks? ○ Yes ○ No

Do you have any other skin concerns that you would like to discuss?

___

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the esthetician or staff of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

___ Date

___ Signature