Health Questionnaire Form

Client Information:

Name _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

Today's Date _____/_____/_____ Emergency Contact and Phone _____

Medical Information:

Date of Birth ___/___/____ Age _____ Family Physician _____

Are you under the care of a Dermatologist? _____ If so, Who? _____

Do you smoke? _____ How Often? _____ Do you drink alcohol? _____ How Often? _____

List all prescription and over the counter medications you are currently taking: _____

_____

_____

Have you ever taken Accutane, Isoretinoin? ___ Have you ever used any topical skin medications? (Retin-A, Tretinoin?) _____

Are you pregnant? ____ Are you on Hormone Therapy / Birth Control? _____ Are you breast feeding? _____ Do you wear contact lenses? _____ Are you allergic to latex? _____

List any medications you are allergic to _____

Check Box Where Applicable:

☐ Acne	☐ Any Active Infections	☐ Allergies
☐ Amyotrophic Lateral Sclerosis	☐ Arthritis	☐ Asthma
☐ Autoimmune Disorder	☐ Blood Disorder	☐ Blood Thinner
☐ Cancer/Melanoma	☐ Claustrophobia	☐ Depression
☐ Diabetic	☐ Eczema	☐ Epilepsy
☐ Eye Disease	☐ Fever Blister/Cold Sores	☐ Heart Condition
☐ Hepatitis	☐ Herpes	☐ High Blood Pressure
☐ HIV/AIDS	☐ Hormone Imbalance	☐ Hyper/Hypo Pigmentation
☐ Hyper/Hypo Thyroid	☐ Injectables	☐ Insomnia
☐ Keloid Scarring	☐ Lupus	☐ Metal Plates or Pins
☐ Muscle Weakness	☐ Myasthenia Gravis	☐ Neurological Disease
☐ Numbness	☐ Pacemaker	☐ Plastic Surgery
☐ Psoriasis	☐ Rosacea	☐ Seborrhea
☐ Seizure Disorder	☐ Sensitivities _____	☐ Skin Disease/Lesions
☐ Surgeries _____	☐ Tazorac	☐ Vision Problems

☐ Vitamins _____ ☐ Other _____

Please explain any conditions you have listed above: _____

_____

_____

Personal Information

What is your current skin regimen? _____

What skin type and/or problem do you feel you have? _____

Have you had any skin treatments before? _____

Are you on an SPF? _____ Do you use tanning beds? _____ Do you tan or burn? _____

Ethnic Background: (Please Circle)

Caucasian	Hispanic	Asian
Mediterranean	Middle Eastern	African American

Please list treatments/services that interest you: _____

How did you hear about us? _____

Spa Policies

1. We do not wax anyone on Accutane, Retin-A, or other medications/products that exfoliate or thin the skin. Please let us know that you are using any of these products. We do not wax anyone currently undergoing chemotherapy or radiation treatments.
2. We will not treat clients with questionable medical conditions such as herpes simplex (cold sores, fever blisters), open wounds or sores, healing incisions, infectious diseases, etc.
3. We require a minimum of 24 hours advance cancellation notice. We reserve the right to charge $25 for missed appointments.
4. I understand that services received here are not a substitute for medical care, and any information provided by an esthetician is for educational purposes only.
5. All information received by the client on this chart is completely private and confidential.
6. We regret that late arrivals will not receive an extension of scheduled service time and length of service may be shortened in order to prevent further delays. Late arrivals will be responsible for full service fees, or may be rescheduled for another time.
7. Opened products can only be returned in the event of an allergic reaction. Some products may cause irritation and skin redness and make take time for the skin to get used to. Please call the spa if you have any questions about the products that you are using.

ALL OF THE INFORMATION I HAVE PROVIDED IS CORRECT; AND I UNDERSTAND FULLY AND AGREE TO COMPLY WITH ALL THE SPA POLICIES LISTED ABOVE.

SIGNATURE _____ Date _____