



Date: _____

Name: _____ Age: _____

Date of Birth: ___/___/___ Gender: M F

Address: _____

City: _____ State: _____ Zip code: _____

Telephone:

Home: _____ Cell: _____ Work: _____

E-Mail: _____

How did you hear about our MedSpa? _____

In case of an emergency, whom should we contact? _____

Phone: _____

Medical History

Have you ever had (please check all that apply):

- Heart Disease Diabetes Eye Conditions Heart Attack or chest pain Hypertension
- Easy Bleeding or bruising HIV or AIDS Delayed or abnormal wound healing
- Endocrine or hormone disorder Heart pacemaker or defibrillator Hepatitis
- Current or recent pregnancy

List any active medical problems you have: _____

List any medications you currently take: _____

List any medication allergies you have: _____

Have you taken antibiotics in the past 2 weeks: _____

Are you allergic to metals? : _____ Are you allergic to latex? : _____

Do you use any tobacco products? : _____

Surgical History

List any operations you have had:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Dermatologic History

Have you ever had (please check all that apply) :

- Chronic Skin Conditions Skin Cancer Laser Skin Resurfacing Photosensitivity Chemical Peel
- Herpes Simplex or cold sores Keloid or hypertrophic scar Accutane use for acne Botox Injections
- Pigmentation Disorder Tetracycline use for acne Injection of collagen or other dermal filler
- Recent waxing or plucking Electrolysis or threading Recent sunburn or tan (including tanning bed)

What is your ethnic background? : _____

When exposed to the sun, do you usually:

- Always burn, never tan Burn easily, tan poorly Tan after initial burn
- Burn minimally, tan easily Rarely burn, tan darkly easily Never burn, always tan darkly

Do you use sunscreen regularly? : _____

Do you use artificial or "sunless" tanning products? : _____

List any special skin care products you use: _____

Client Signature: _____ Date: _____

Office staff signature: _____ Date: _____