CLIENT HISTORY

Client Name____Date of Birth ______________

Do you have or have you ever had any of the following conditions:

Yes	No	Medical History	Please Specify
☐	☐	Seizures and/or Epilepsy	
☐	☐	Diabetes	
☐	☐	Numbness in the area	
☐	☐	Autoimmune Disorders	
☐	☐	Sarcoidosis	
☐	☐	Lupus	
☐	☐	Scleroderma	
☐	☐	Skin Disorders	
☐	☐	Vitiligo	
☐	☐	Keloid/Hypertrophic Scarring	
☐	☐	Present Scarring	
☐	☐	Herpes Virus/Cold Sores	
☐	☐	Polycystic Ovarian Syndrome	
☐	☐	Blood Clots/Phlebitis/Bleeding Disorders	
☐	☐	Peripheral Vascular Disease	
☐	☐	Lymphedemia	
☐	☐	Varicose Veins	
☐	☐	Pregnancy/Actively trying to get pregnant	
☐	☐	Cancer and/or precancerous lesions	

Yes	No	Medical Clearance Letter Required	Please Specify
☐	☐	HIV/AIDS	
☐	☐	Multiple Sclerosis	
☐	☐	Chemotherapy/radiation therapy	

Yes	No	Surgical History	Please Specify
☐	☐	Pacemakers/internal pacing devices	
☐	☐	Internal Metal Devices (rods, plates, screws)	
☐	☐	Hip Replacements	
☐	☐	Lymph Node Removal	
☐	☐	Hernias	
☐	☐	Past Surgeries	

Yes	No	Medical History	Please Specify
☐	☐	Current Medications	______
☐	☐	Over-the-counter medications	______
☐	☐	Herbal Supplements	______
☐	☐	Retin-A or Generics	______
☐	☐	Blood Thinner (Coumadin, Aspirin)	______
☐	☐	Acne Medication	______
☐	☐	Oral Contraceptives	______
☐	☐	Accutane	______ Date: ______
☐	☐	Antibiotics	______ Date: ______

Yes	No	Allergies	Please Specify
☐	☐	Food Allergies	______
☐	☐	Medication Allergies	______
☐	☐	Latex Allergies	______

Yes	No	Other	Please Specify
☐	☐	Permanent Make-up	______
☐	☐	Tattoos	______
☐	☐	Recent Cosmetic Procedures	______ Date: ______
☐	☐	Botox/ Restylane/ Dermal Fillers	______ Date: ______

			Please Specify	
Yes	No	Product History	Brand Name	Frequency
☐	☐	Cleanser	______	______
☐	☐	Soap	______	______
☐	☐	Toner	______	______
☐	☐	Moisturizer	______	______
☐	☐	Night Cream	______	______
☐	☐	Eye Cream	______	______
☐	☐	Astringent	______	______
☐	☐	Scrub	______	______
☐	☐	Sunscreen	______	______
☐	☐	Other	______	______

Type of Skin	☐ Dry	☐ Normal	☐ Oily	☐ Combination	☐ Acne-prone

I have answered all the questions truthfully and to the best of my knowledge.

Client/Guardian Signature______________________________ Date ______________

Staff Signature______________________________ Date ______________