Client Information/Medical History

Name: _____ _____ Date of Birth: (Example MM/DD/YYYY)

Address: City: State: Zip:

Home Phone: Cell Phone:

Email:

How did you hear about us?

Emergency Contact Person: Phone:

What method of payment is best for you? Financing Cash Check Credit Card

Please indicate the services and areas of interest

Yes	No	Service	Areas
		CoolSculpting	
		Weight Management	
		Hormone Therapy	
		Aesthetics	
		Anti-Aging	
		Laser Hair Removal	
		Skin Rejuvenation	
		Spider Veins Face	
		Brown Spots	
		Leg Veins	
		Warts	
		Toenail Fungus	
		Other	

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	
○	○	Lymphedemia	
○	○	Varicose Veins	
○	○	Pregnancy/Actively trying to get pregnant	
○	○	Cancer and/or precancerous lesions	
Yes	**No**	**Medical History**	**Please Specify**
○	○	Pacemakers/internal pacing devices	
○	○	Internal Metal Devices (rods,plates,screws)	
○	○	Hip Replacements	
○	○	Lymph Node Removal	
○	○	Hernias	
○	○	Past Surgeries	
Yes	**No**	**Medical Clearance Letter Required**	**Please Specify**
○	○	HIV/AIDS	
○	○	Multiple Sclerosis	
○	○	Chemotherapy/radiation therapy	
Yes	**No**	**Medication 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 Completed:
○	○	Antibiotics	Date Completed:
○	○	Food Allergies	
○	○	Medication Allergies	
○	○	Latex Allergies	
Yes	**No**	**Other**	
○	○	Permanent Make-up	
○	○	Tattoos	
○	○	Recent Cosmetic Procedures	Date Completed:
○	○	Botox/Restylane/Dermal Fillers	Date Completed:
○	○	Facial Skin Products	

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

Client Signature _____ Date _____