**Health History**

Within the last year, have you been under a physician’s long-term care (chronic health issues)? **Yes No**

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Within the last year, have you been under a dermatologist’s care? **Yes No**

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications/supplements you currently take: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke? **Yes No**

Do you have any **METAL** implants (knees, hips, dental work, screws, etc.), a pace maker, body piercings? **Yes No**

Do you have any allergies (aspirin, latex, shellfish, fragrance, nuts, citrus, seasonal/pollen, etc.)? **Yes No**

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking an oral contraceptive? **Yes No** Hormone Replacement? **Yes No**

Are you pregnant? **Yes No** Nursing? **Yes No**

Do you sunbathe or use tanning beds? **Yes No** If yes, have you tanned within the last 7 days? **Yes No**

**Your Skin**

Please explain your concerns/challenges with your skin. (acne, aging, scarring, pigmentation, pore size, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list types of products you are using. (soap, cleanser, exfoliator, moisturizer, sun screen, AHAs/BHAs, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had skin treatments within the last month? **Yes No** Fillers? (Botox, Juvederm, Restylane, etc.) **Yes No**

Have you waxed within the last 48 hours? **Yes No**

Have you used Retin-A, Renova, Accutane, or other prescription skin medications in the last 6 months? **Yes No**

**Please List them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle if you have/had any of the below or any other conditions: (Be thorough. All information is confidential.)**

High BP Rosacea Eczema/Psoriasis Skin Cancer Epilepsy/Seizures/Neurological Disorders

Diabetes Cancer Heart Conditions Depression Autoimmune Disorder

Cold Sores STD/STI Hepatitis Digestion Issues Circulatory Issues/Bruise Easily

Arthritis Hysterectomy Chemotherapy Thyroid Issues Hormonal Imbalance

**Please elaborate on circled items above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent for Treatment**

If I experience pain or discomfort during this session, I will immediately inform the practitioner so that the treatment may be adjusted to my level of comfort. I understand that esthetic care should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician for any physical or mental ailment of which I am aware. I understand that esthetic practitioners are not qualified to diagnose, prescribe, or treat any ailments, and that nothing said in this session should be construed as such. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner’s part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the service, and I will be liable for payment of the scheduled appointment. I understand that there is a possibility that I may have an allergic reaction or incur other adverse effects from the treatments. I have voluntarily assumed the risk of proceeding with this treatment and agree not to hold the practitioner responsible for any adverse reaction from today’s service. Understanding all of this, I give my consent to receive care.