Client Information Sheet

LAST NAME:_____ FIRST NAME:_____ MI:_____
ADDRESS:_____CITY:_____STATE:_____ ZIP:_____
DATE OF BIRTH:_____ HOME#:_____ CELL#:_____
E-MAIL_____
HOW DID YOU HEAR ABOUT US?_____ OCCUPATION:_____
ARE YOU CURRENTLY TAKING MEDICATIONS? LIST_____
ARE YOU CURRENTLY UNDER A PHYSICIANS CARE? DESCRIBE:_____

DO YOU HAVE A HISTORY OF THE FOLLOWING? (Circle all that apply)

Accidents	Sprains	Breast Augmentation	Decreased Range of Motion
Neck Pain	Seizures	Diabetes	Sexually Transmitted Diseases
Whiplash	Abdominal Pain	Varicose Veins	Headaches
High Blood Pressure	Disk Problems	Stroke	Mid Back Problems
Low Back Pain	Allergies to Oils	Wear Contacts	Broken Bones
Heart Condition	Arthritis, Bursitis	Surgery	Auto Immune Disorder
Have Prosthesis	Nervous Tension	Joint Aches	Cancer
Colitis			

Circle yes or no to the following questions:

Y	N	Do you smoke?	Y	N	Do you burn easily in moderate sunlight?
Y	N	Had chemical peels?	Y	N	Suffer from sinus problems?
Y	N	Use Retin-A?	Y	N	Do you have specific skin concerns?
Y	N	Use the acne drug Acutane?			If yes, specify"_____
Y	N	Have regular sleep patterns?	Y	N	Are you taking oral contraception?
Y	N	Experience skin breakouts?	Y	N	Drink caffeinated beverages (tea, coffee
Y	N	Experience ingrown hair?			And soft drinks)? How many?_____
Y	N	Exercise regularly?	Y	N	Consume water on a daily basis? If yes,
					How much?_____

Do you experience any of the following conditions on your skin? (Circle all that apply)
Flakiness Obvious dryness Redness Tightness Oiliness

Have you ever had any reactions to any of the following? (Circle all that apply)
Cosmetics Pollen Food Medicine Fragrance Iodine Sunscreens Other:_____

Is there anything else I should be aware of before I start this procedure?_____
_____

PLEASE READ THE FOLLOWING AND SIGN BELOW

- I understand that this procedure is not a replacement by the means of medical care and that no diagnosis will be made.
- I am responsible for paying for any appointment cancellation of less than 24 hours. Reservations cancelled without prior notice will be billed at full price of each service scheduled.

DATE:_____SIGNATURE:_____