FRESHSKIN

Confidential Client Health History Form

Date: _____

Name: _____ Date Of Birth: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Your Health

1) Have you been under the care of a physician, dermatologist or other medical professional within the past year?
☐ No ☐ Yes, explain: _____

2) Any recent surgery, including plastic surgery? ☐ No ☐ Yes, explain: _____
_____

3) Any skin cancer? ☐ No ☐ Yes, explain: _____

4) Have you had any piercings, tattoos, or permanent cosmetics? ☐ No ☐ Yes, If yes, where on your person?
_____
_____

5) Have you ever had a body spa treatment before? ☐ No ☐ Yes, when: _____

6) Have you had any of these health conditions in the past or present?
(Please check all that apply and provide additional information in the space provided)

Cancer	☐	Headaches (chronic)	☐
Hormone imbalance	☐	Hepatitis	☐
Systemic disease	☐	Herpes	☐
High blood pressure	☐	Frequent cold sores	☐
Spinal injury	☐	Immune disorders	☐
Thyroid condition	☐	HIV/AIDS	☐
Hysterectomy	☐	Lupus	☐
Diabetes	☐	Metal bone pins or plates	☐
Heart problem	☐	Phlebitis, blood clots, poor circulation	☐
Varicose veins	☐	Blood clotting abnormalities	☐
Arthritis	☐	Psychological treatment	☐
Asthma	☐	Insomnia	☐
Eczema	☐	Keloid scarring	☐
Epilepsy	☐	Skin disease/skin lesions	☐
Seizure disorder	☐	Any active infection	☐
Fever blisters	☐		

7) Has your physician discussed concerns about raising your body temperature? ☐ No ☐ Yes

explain: _____
_____

Continued ⇨

8) Do you smoke? ☐No ☐Yes

9) Do you follow a restricted diet? ☐No ☐Yes, specify: _____

10) Do you follow a regular exercise program? ☐No ☐Yes

11) What is your stress level? High ☐ Medium ☐ Low ☐

List any medications you take regularly: _____

List any over the counter medications (including vitamins, herbal supplements, aspirin, etc.) you take regularly:
_____

12) Do you use Retin-A, Renova, Adapalene Hydroxyl Acid, Deferin, Glycolic Acid, AHA, Salicylic Acid or Retinol/vitamin A derivative products? ☐No ☐Yes, describe: _____

13) Have you used any of these products in the last 3 months? ☐No ☐Yes

14) Have you used an acne medication? ☐No ☐Yes, when? _____ Which drug?_____

15) Do you form thick or raised scars from cuts or burns? ☐No ☐Yes

16) Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? ☐No ☐Yes, describe: _____

List your daily consumption of: Water _____ Caffeine _____ Alcohol _____

17) Do you experience any problems sleeping? ☐No ☐Yes

18) How many hours do you typically sleep each night? _____

19) Do you wear contact lenses? ☐No ☐Yes

20) Have you been exposed to the sun or used a tanning bed in the last 48 hours? ☐No ☐Yes

21) How frequently are you exposed to the sun or use a tanning bed? ☐Infrequently ☐Frequently ☐Regularly

22) Do you have any metal implants or wear a pacemaker? ☐No ☐Yes

23) Have you ever experienced claustrophobia? ☐No ☐Yes

24) Do you suffer from sinus problems? ☐No ☐Yes

25) Have you ever had an adverse reaction after using any skin care product? (Please circle any that apply)

Rash ☐ Irritation ☐ Peeling ☐ Sun Sensitivity ☐ Breakout ☐

26) Have you ever had an allergic reaction to any of the following? (Please circle any that apply and explain)

Cosmetics ☐ Medicine ☐ Food ☐ Animals ☐ Sunscreens ☐ Iodine ☐ Pollen ☐ AHAs

Fragrance ☐ Shellfish ☐ Latex ☐ Drugs ☐ Other: _____

Continued ⇨

If yes, please explain: _____

Female Clients Only:

27) Are you taking oral contraceptives? ☐ No ☐ Yes, specify: _____

28) Any recent changes to or from your contraceptive treatment? ☐ No ☐ Yes, If so, what and when? _____
_____

_____

29) Are you pregnant or trying to become pregnant? ☐ No ☐ Yes

30) Are you lactating? ☐ No ☐ Yes

31) Any menopause problems? ☐ No ☐ Yes, specify: _____

Please use this space to complete answers where space was insufficient. (Please include the number of the question)

_____

_____

_____

_____

_____

_____

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform the esthetician/skin care therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____ Date:_____