Confidential Client History Form

Name: _____ DOB *(mm/dd/yy)* _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: *(H)*: _____ *(W):* _____ *(C:)* _____

E-mail Address: _____ Receive promotions by E-mail?_____

How would you like to receive confirmation reminders: Text: _____ Email:_____ Phone:_____

How did you hear about us? _____ Name of Referring Client: _____

Reason for appointment: _____

Medications & purpose *(please list)*: _____

Surgeries *(please list)*: _____

Allergies and sensitivities, including any previous reactions to Spa products: _____

_____

Do you wear contacts? Yes ☐ No ☐ Do you smoke? Yes ☐ No ☐ Are you pregnant? Yes ☐ No ☐

Part I – *Please check (√) if you are currently on or have taken the following products in the past 3 months:*

Accutane	☐	Alpha Hydroxy Acids	☐	Antibiotics	☐	Beta Hydroxy Acids	☐
Chemical Peels	☐	Cortisone Cream	☐	Glycolic Acids	☐	Hydroquinone	☐
Laser Resurfacing	☐	Retin-A, Retinol	☐	Salicylic Acids	☐	Tetracycline	☐
Other Skin Thinners							

Part II – *Please check (√) if you are affected by or have any of the following:*

Arthritis	☐	Autoimmune Disease	☐	Blood Vessel Cond.	☐	Bone Conditions	☐
Cancer	☐	Cardiac Problems	☐	Chronic Illness	☐	Circulatory Problems	☐
Diabetes	☐	Eczema	☐	Epilepsy	☐	Fever Blisters	☐
Fibromyalgia	☐	General Aches and Pains	☐	Hepatitis	☐	High Blood Pressure	☐
Migraines	☐	Pacemaker	☐	Psoriasis	☐	Respiratory Problems	☐
Rosacea	☐	Sinus Problems	☐	Skin Conditions	☐	Other (s)	

Part III – *Please check (√) if you have tendencies after waxing to:*

Bruising	☐	Hyperpigmentation	☐	Ingrown Hair	☐	Pimples	☐
Redness	☐	Scarring	☐	Skin Tearing	☐	Other (s)	

All staff is professionally trained, however, waxing may cause: bruises, scabs, scarring, redness, hyperpigmentation, pimples, secondary growth or tearing of the skin.

I understand that the services offered are not a substitute for medical care, and any information provided by the spa practitioner is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the spa practitioner in giving better service and is completely confidential. I have answered the above truthfully and will notify the spa practitioner of any changes.

Signature _____ **Date:** _____