



Client Profile, Health History & Consent for Treatment

Name: _____
Birthday: __/__/__
Address: _____
Phone: _____
E-Mail: _____
May We Contact You for Appt. Confirmations? []Y []N
Occupation: _____
How did you hear about us? _____

Please describe your skin and skin concerns:

- [] Oily [] Active Acne [] Acne Scars [] Combination
[] Dry [] Dehydrated [] Aging [] Fine lines
[] Sensitive [] Rosacea [] Broken Capillaries
[] Facial Hair [] Uneven Skin Tone, Sun Spots

Allergies: _____

- [] food [] medicine [] animals [] fragrance [] pollen [] latex [] Hydroquinone [] Benzoyl Peroxide [] Sulphur [] Glycolic acid [] Cortisone [] Metal [] Sunscreens

Do you have any of the following medical conditions?

- Asthma [] Hormone Imbalance []
Cancer [] Immune Disorder []
Cold sores [] Keloid Scarring []
Diabetes [] Lupus []
Epilepsy [] Metal implants []
Heart disease [] Pacemaker []
Hepatitis [] Systemic Disease []
High Blood Pressure [] Thyroid Condition []

For Women:

- Menopausal HRT []Y []N
Birth Control []Y []N
Nursing []Y []N
Pregnant []Y []N

- Do you use any Dermatologist prescribed medications (Retin A, Renova, Differin) []Y []N
Have you ever had chemical peels or laser treatment? []Y []N
Did you have any Injectables as Fillers or Botox last 14 days? []Y []N
Do you scar easily? []Y []N
Do you have hyper-pigmentation (skin darkening) or hypo-pigmentation (skin lightening) after any treatment or injury? []Y []N

Release for treatment: I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure. I understand that withholding information may result in contraindications and/or irritation to the skin from treatment received. The treatments I receive here are voluntary, and I release this institution New Glow Medspa LLC and/or professional technician Maria Mathern from liability and assume full responsibility thereof.

Client signature: _____ Date: _____