

# Sweet Expressions MediSpa

## Client History Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone (Home) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_ Referred by: \_\_\_\_\_

What is your main concern with your skin? \_\_\_\_\_

What skin products do you currently use: \_\_\_\_\_

Would you like to be on the emailing list to receive coupons and specials? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please mark (x) on all conditions that apply to you and specify.**

Claustrophobia		High or Low Blood Pressure	
Anxiety/Depression		Epilepsy	
Diabetes		Dental implants	
Infectious Disease (HIV/AIDS/Hepatitis etc.)		Metal Implants	
Autoimmune disorders (Crohn's)		Heart Disease / Circulatory Disorder	
Headaches		Contact Lenses	
Muscle, joint pain / problems		Acne	
Asthma or lung conditions		Psoriasis / Rosacea / Eczema	
Skin sensitivities / easy bruising		Haemophilia	
Abdominal or digestive problems		Pregnant or trying / Lactating	
Herpes (genital or oral)		Hormone Imbalance	
Pace Maker		Irregular Menstruation	
Implants (breast or other)		Accutane / Isotretinoin	
Thyroid Condition		Collagen / Botox / Fillers – when ?	
Permanent Makeup / Tattoo		Anticoagulants	
Retinoids / Glycolic (Currently)		Cancer	

Allergies (latex, foods, aspirin, other): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Recent Surgeries: \_\_\_\_\_

I \_\_\_\_\_ have answered all of the above truthfully and to the best of my knowledge.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date