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_____

Receive an extra 10% off when you check-in, tag us and write a review of your experience with us on our FB Page, Instagram or Google.

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