DENTAL & MEDICAL SPA
WINDERMERE

Confidential Client Health History Form

Date: _____

Name: _____DOB: _____

Address: _____City: _____State _____Zip _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Approval to leave a message? □ No □ Yes Referred by: _____

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

2) Have you had any surgeries, including plastic surgery? □ No □ Yes, explain: _____

_____

3) Have you ever had □ Botox, □ fillers, or □ facial lasers? If so, when? _____

4) List any prescribed medications (including prescription skin care products, acne medication, birth control, etc.) you take regularly: _____

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

6) Do you have any known drug allergies? □ No □ Yes, explain: _____

7) Have you ever been diagnosed with any of the following?

(Please check all that apply and provide additional information in the space provided)

Cancer _____(Year/type) □

Chemotherapy _____(Year) □

Headaches (chronic) □

Hepatitis □

High blood pressure □

Fever blisters/Cold sores □

Vitiligo □

Autoimmune disease (Lupus/RA/Hashimotos) □

Thyroid condition □

HIV/AIDS □

Tumors/Cysts □

Metal bone pins or plates □

Diabetes □

Blood clotting abnormalities □

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Heart problem □

Hormone imbalance □

Asthma/Breathing problems □

Keloid scarring □

Seizure disorder □

Psychological treatment □

Skin diseases/skin cancer _____(type) □

Any active infection □

Alcoholism □

MRSA □

8) Do you smoke? □ No □ Yes

9) Do you drink alcohol? □ No □ Yes If yes, how much do you drink? _____/day _____/week

10) Do you form thick or raised scars from cuts or burns? □ No □ Yes

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

12) How often are you exposed to the sun or use a tanning bed? __Infrequently __Frequently__ Regularly

13) What SPF do you use on your face? _____ How often? _____

14) Have you recently used any self-tanning lotions, creams or treatments? □ No □ Yes

15) Do you take medications before dental procedures? □ No □ Yes, explain_____

16) Do you have difficulty with dental procedures? □ No □ Yes, explain _____

17) What skin care products are you currently using? _____

18) Have you been treated with Accutane? □ No □ Yes, last treatment _____

19) I would like to know more about:

Please check all that apply:

□ Microblading

□ Facial Fillers

□ PRP

□ Facial redness

□ Acne injections

□ Chemical Peels

□ Chin augmentation

□ Chest/Neck rejuvenation

□ BOTOX®/Dysport Cosmetic for wrinkles

□ Skin care products/advice

□ Jaw reduction

□ Stretch mark therapy

□ Spider vein therapy

□ Nonsurgical Rhinoplasty

□ Hand rejuvenation

□ TMJ/Grind jaw therapy

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□ "Gummy Smile" treatment
□ Earlobe enhancement
□ Brow lift
□ Microneedling
□ Oily Skin
□ Scar treatment
□ Sculptra butt lift
□ Sculptra cellulite
□ Kybella
□ _____

Female Clients Only:

20) Are you taking oral contraceptives? □ No □ Yes, specify: _____

21) Are you pregnant or trying to become pregnant? □ No □ Yes

22) Are you currently breast feeding? □ No □ Yes

23) Have you gone through Menopause? □ No □ Yes

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 aesthetician/doctor 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