



Name _____
Phone _____

Date of Birth _____
E-mail _____

Please read and answer all of the questions to the best of your knowledge and ability. It is important to answer honestly.

HEALTH HISTORY QUESTIONS

Are you pregnant? Yes No Are you nursing? Yes No Do you smoke cigarettes? Yes No

Are you allergic to anything? Yes No If so, what? _____

Have you ever had any of the following? (circle those that apply) Cold sores / Herpes / Hives / Keloids

If so, how often? _____ Last breakout? _____ Area of breakout? _____

Please list all medications you are currently taking. (Some medications may increase sensitivity)

Have you undergone any surgical procedures for the face? Yes No If so, when and what was done?

SKIN CARE HISTORY QUESTIONS

What is your skin types? _____

Have you had any of the following within the last week? (circle those that apply)

Microdermabrasion / Chemical peel / Collagen / Botox

If you had any of the above item(s) please list procedure(s) and date performed _____

What improvements would you like to see in your skin? _____

Consent Agreement:

I affirm that I have stated, to the best of my knowledge and ability all of my known medical conditions and answered all of the questions of his form honestly. I agree to keep Lakeside Massage and Spa updated as any changes in my medical profile and understand that there shall be no liability if I fail to inform Lakeside Massage and Spa of any changes.

Client Signature _____

Date _____

Therapist _____

Date _____