

ALLURE
aesthetics

Medical Intake Form

PERSONAL INFORMATION

Date of Birth: _____ Legal first & last name: _____

Phone Number: _____ E-mail: _____

Address: _____

Occupation: _____ Primary Physician: _____

Emergency Contact: _____ Emergency Contact Relationship: _____

Emergency Contact Phone: _____ How did you hear about us? _____

MEDICAL INFORMATION

Are you currently under the care of a physician? Y N

If yes, please explain: _____

Are you currently under the care of a dermatologist? Y N

If yes, please explain: _____

Please list all ALLERGIES including LATEX, medications, food & other substances: _____

Are you taking any medications? If yes, please list: _____

List of surgeries, including plastic surgery: _____

Have you ever had Botox Dysport Fillers Facial Laser If so, when? _____

Please describe any YES responses: _____

Have you been on Accutane in the last 6 months? Y N

Are you currently pregnant or breastfeeding? Y N

Abnormal bleeding? Y N

Autoimmune disease? Y N

Polycystic ovaries? Y N

HIV/AIDS? Y N

Cancer? Y N

Hepatitis? Y N

Eczema? Y N

Rosacea? Y N

Psoriasis? Y N

Diabetes? Y N

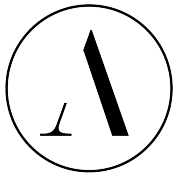
Blood Clots? Y N

Anemia? Y N

Seizures? Y N

Fainting spells? Y N

Cold sores? Y N



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Have you had any recent tanning, self-tanner, sun beds, or any excessive sun exposure? Y N

Do you form thick raised scars? Y N

Do you have hyper pigmentation (darkening of the skin) or hypo pigmentation (lightening of the skin) or marks after physical trauma?
 Y N

If yes, please describe: _____

Tobacco? Y N If yes, how much/often? _____

Alcohol? Y N If yes, how much/often? _____

Coffee Tea Soda? If yes, how much/often? _____

Exercise? Y N If yes, how many days a week? _____

What brand of skin care do you use? _____

Do you use SPF on your face? Y N If yes how often? _____

Areas of concern: _____

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 withholdings information or providing misinformation may result in contraindication and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform the aesthetician/nurse/doctor of my current medical or health condition and to update this history. The treatments I receive here are voluntary and I release this institution and its staff from liability and assume full responsibility thereof.

Client Signature: _____

Date: _____