



### Client Consultation

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

DOB: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Nmber: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_  
\_\_\_\_\_

### Confidential Client Health History

- 1) Have you been under the care of a physician, dermatologist or other medical professional within the past year? Had recent surgery, including plastic surgery?  No  Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) List any medications you take or use regularly:

\_\_\_\_\_  
\_\_\_\_\_



3) List any allergies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Any skin cancer?  No  Yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

- 5) Any Cancer? Explain \_\_\_\_\_  
6) Lymph nodes removed? Y\_\_\_ N\_\_\_ How many? \_\_\_\_\_  
7) Do you smoke?:  No  Yes  
8) Do you wear contact lenses?  No  Yes  
9) Do you have claustrophobia?  No  Yes  
10) Do you have high blood pressure?  No  Yes Do you have diabetes?  No  Yes  
11) Are you pregnant?  No  Yes

### Your Skin

What are your skin goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had facial or skin care treatments?  No  Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

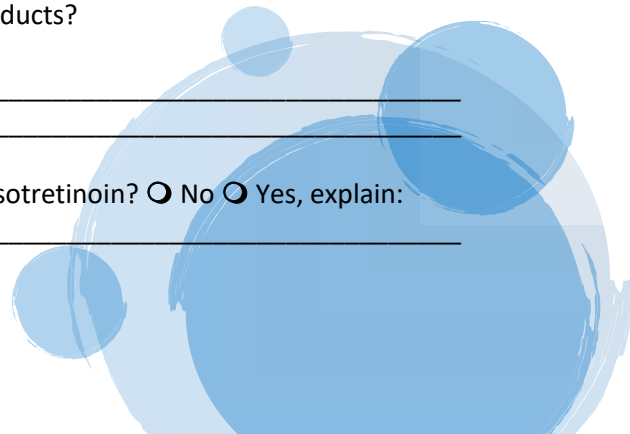
Do you use Retin-A, Renova, Differin, Adapalene, Tretinoin, Retinol/Vitamin A derivative products?

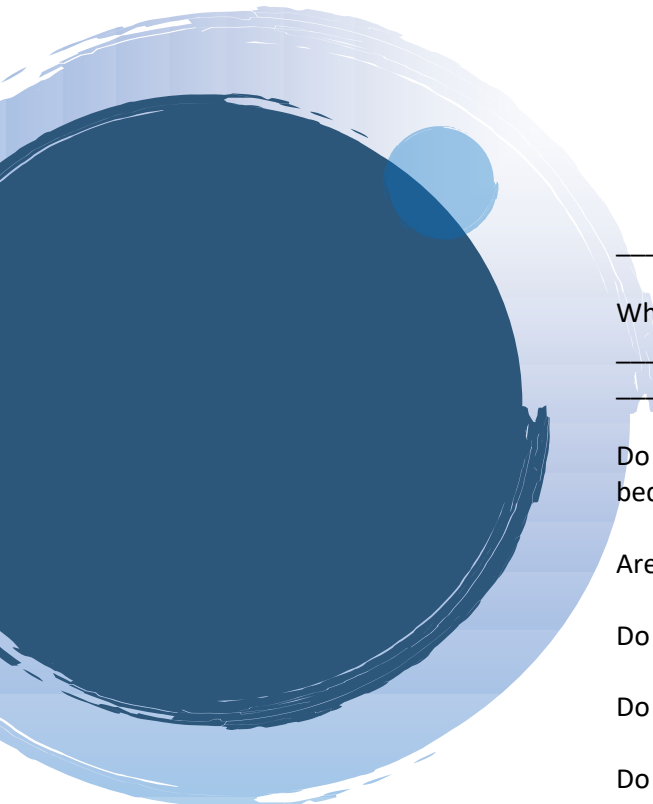
No  Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever taken Accutane/isotretinoin?  No  Yes, explain:

\_\_\_\_\_





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What skin care products do you currently use?

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Do you use sunscreen?  No  Yes Have you ever used a tanning bed?  No  Yes

Are you pregnant or trying to become pregnant?  No  Yes

Do you experience skin breakouts?  No  Yes

Do you experience oily shine throughout the day?  No  Yes

Do you ever experience a burning, itching sensation on your skin?  No  Yes

Do you ever experience flakiness and/or tightness?  No  Yes

Do you have a tendency to redness?  No  Yes

Have you ever experienced a reaction to any skin care products?  No  Yes, explain:

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I understand and have completed this questionnaire truthfully (consultation, health history and skin). 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 Touch 4 Health & Wellness, LLC of my current medical or health conditions and to update this history as needed. The treatments that I receive here are voluntary and I release this institution and/or skin care professional from liability and assume responsibility thereof.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

