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:
_____

_____

What skin care products do you currently use?

_____

_____

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:

_____

_____

I understand and have completed this questionnaire truthfully (consultation, health history and skin). I agree that this constitues full disclosure and that is 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: _____