Client Questionnaire

Name: ________________________________Age: ________Date of Birth ___/___/___ Gender M___F___
Address : __________________________________City:____________________State:_____Zip:_________
Telephone: Home: _______________________Work:___________________Cell:____________________
E-mail: ____________________________________How did you hear about us? ______________________
In case of emergency, whom shall we contact? __________________________Phone:________________

Medical History

Have you ever had (Please check all that apply)

____ Heart disease
____ Heart attack or chest pain
____Hypertension
____Heart pacemaker or defibrillator
____ Diabetes
____ Easy bleeding or bruising
____ Delayed or abnormal wound healing
____ Hepatitis
____ Eye conditions
____ HIV or AIDS
____ Endrocrine or hormone disorder
___ _ Current or recent pregnancy

List any active medical problems you have:____
List any medications you currently take:____
List any medication allergies you have:____
Are you allergic to any metals? ____ Are you allergic to latex?_____ Do you use tobacco products?______

Surgical History

List any operations you have had:

1.__________________________ 3.____________________________ 5 .___________________________
2.__________________________ 4._____________________________ 6.___________________________

Dermatologic History

Have you ever had (please check all that apply):

____ Chronic skin conditions
____ Photosensitivity
____ Keloid or hypertrophic scar
____ Pigmentation disorder
____ Recent waxing or plucking
____ Skin Cancer
____ Herpes simplex or cold sores
____ Accutane use for acne
____ Tetracycline use for acne
____ Electrolysis or threading
____ Laser skin resurfacing
____ Chemical peel
____ Botox injection
____ Injection of collagen or other dermal filler
____ Recent sunburn or tan (including tanning bed)

What is your ethnic background?_____________________________

When exposed to the sun, do you usually:

____ Always burn, never tan
____ Burn easily, tan poorly
____ Tan after initial burn
____ Burn minimally, tan easily
____ Rarely burn, tan darkly easily
____ Never burn, always tan darkly

Do you use sun screen regularly? _______ Do you use artificial or "sunless" tanning products? ________

List any special skin care products you use: ____

CLIENT SIGNATURE____**DATE:**_______________________
PARENT OR GUARDIAN (IF PATIENT IS UNDER 18 YEARS OF AGE)___________________________________

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