



Name:		Date:	Occupation:
Address:		Phone:	Date of Birth:
City:	State:	Zip Code:	Email:
Cell: Phone:	Contact me by <input type="checkbox"/> Text <input type="checkbox"/> Cell		Emergency Contact:
How did you hear about us:			Referral Name:
General Health			
1. Rate your level of stress: (5 = highest, 1= lowest) 5 4 3 2 1			
2. Are you pregnant or nursing? Yes No			
3. Do you wear contact lenses? Yes No			
4. Do you smoke? Yes No How many cigarettes per day?			
5. Please list any accidents or surgeries in the last 9 months:			
6. Do you have any metal implants, a pacemaker or body piercings?			
7. List the medications you are currently taking:			
Prescription			Over the Counter
Health History			
Heart Condition	lymph Edema	Herpes/Shingles	High Blood Pressure
Numbness/Tingling	Sinus Problems	Allergies	Chronic Pain
Rashes	Jaw Pain/TMJ	Blood Clots	Constipation
Diabetes	Gas/Bloating	Headaches	Arthritis
Broken/Fractured Bones	Pregnancy (___ weeks)	Fatigue/Sleep Disorder	Depression/Anxiety
Other (explain): Undergoing Cancer treatment			
Skin Care			
1. Are you under the care of a dermatologist? Yes No			
2. Do you use: Accutane Retin A Renova Adapalene Other prescription skin products _____			
3. Have you had a: Chemical Peel Microdermabrasion Botox Other resurfacing treatments			
4. Are you currently using any products that contain: Glycolic Acid Lactic Acid Hydroxy Acid Vitamin A			
5. Do you have any skin sensitivities or irritants			
Skin Maintenance			

Products You Use: Masque	Soap	Cleanser	Toner	Moisturizer	Exfoliator
Skin Type: Sunburned	Oily/Congested	Dry/Dehydrated	Sensitive/Redness	Acne	
Eczema	Claustrophobia	Psoriasis	Iodine or Shellfish		
Have you been tanning in the last 24 hours?	Yes	No	Are you going or coming from a vacation?	Yes	No
What are your skin care goals?					

It is my choice to receive these Services from Signature Medical Spa. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update the staff at Signature Medical Spa of any changes to my health status. I understand that the staff at Signature Medical Spa do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I acknowledge that these treatments are not a substitute for medical examination or diagnosis, and that is recommended I see a primary health care provider for that service. If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 24hour notice, I agree to pay the missed appointment fee that applies.

Name
Date