BARE BEAUTY

laser + skin studio

Confidential Client Health History Form

Name: _____ **Date of Birth:** _____

Address: _____
Street Apt/Ste/Fl City/Town State Zip

Primary Phone:_____ **Email:**_____

Emergency Contact Info: _____
Name Phone

Physician Contact Info: _____
Name Phone

Have you been under the care of a physician, dermatologist, or other medical professional within the past year?

If yes, please explain: _____

Any recent surgery, including plastic surgery? If yes, please explain: _____

_____

Any skin cancer? If yes, please explain: _____

_____

Do you have any piercings, tattoos, or permanent cosmetics? If yes, where on your person? _____

_____

Have you ever had a body spa treatment before? If yes, when? _____

Have you had any of the following health conditions in the past or present? Please circle all that apply:

Cancer☐ Headaches (Chronic)☐ Hormone Imbalance☐ Hepatitis☐ Systemic Disease☐ Herpes☐ Spinal Injury☐

High Blood Pressure☐ Frequent Cold Sores☐ Immune Disorders☐ Thyroid Condition☐ Hysterectomy☐

HIV/AIDS☐ Lupus☐ Diabetes☐ Metal bone pins or plates☐ Heart Problem☐ Varicose Veins☐ Arthritis☐

Phlebitis, blood clots, poor circulation☐ Blood clotting abnormalities☐ Asthma☐ Psychological Treatment☐

Eczema☐ Insomnia☐ Epilepsy☐ Keloid Scarring☐ Seizure Disorder☐ Skin Disease/Lesions☐ Fever☐

Blisters☐ Any active infection☐ Other: _____

If you circled one or more of the above, please explain: _____

_____

Has your physician ever discussed concerns about raising your body temperature? If yes, please explain:

_____

Do you smoke? NO☐ YES☐ **Do you follow a restricted diet?** NO☐ YES, I follow: _____

Do you follow a regular exercise program? NO☐ YES☐ **What is your stress level?** HIGH☐ MEDIUM☐ LOW☐

List any medications you take regularly: _____

List any over the counter medications (including vitamins, herbal supplements, aspirin, etc.) you take regularly:

_____

Do you use Retin-A, Renova, Adapalene Hydroxyl Acid, Deferin, Glycolic Acid, AHA, Salicyclic Acid, or Retinol/Vitamin A Derivative products? If yes, please specify: _____

Have you used any of these products in the last three months? NO☐ YES☐

Have you used any acne medication? If yes, please specify type and when: _____

Do you form thick or raised scars from cuts or burns? NO☐ YES☐

Do you have hyperpigmentation (darkening of the skin) or hypo-pigmentation (lightening of the skin) or marks after physical trauma? If yes, please describe: _____

List your daily consumption of water: _____ **caffeine:** _____ **alcohol:** _____

Do you experience problems sleeping? NO☐ YES☐ **How many hours do you typically sleep per night?** _____

Do you wear contact lenses? NO☐ YES☐ **Have you experienced claustrophobia?** NO☐ YES☐

Have you been to a tanning bed in the last 48 hours? NO☐ YES☐

How frequently are you exposed to the sun or used a tanning bed? FREQUENTLY☐ INFREQUENTLY☐

Do you have any metal implants or wear a pacemaker? NO☐ YES☐ **Do you suffer from sinus problems?** NO☐ YES☐

Have you ever had an adverse reaction from a skincare product? If yes, please explain: _____

_____

Please circle if you are allergic or have ever had an allergic reaction to the following:

Cosmetics☐ Medicine☐ Food☐ Animals☐ Sunscreens☐ Iodine☐ Pollen☐ AHAs☐ Fragrance☐ Shellfish☐

Latex☐ Drugs☐ Other: _____

If you circled any of the above, please explain: _____

_____

Female Clients Only:
Are you taking oral contraceptives? NO☐ YES, I take _____

Any recent changes to or from your contraceptive treatment? If yes, please explain the change(s) and when:

_____

Are you pregnant, or trying to become pregnant? NO☐ YES☐ **Are you lactating?** NO☐ YES☐

Any menopause problems? If yes, please specify: _____

Please use this space to complete answers where space provided was insufficient (please specify which question):

_____

_____

_____

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes and 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 esthetician/skin care therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: _____

Date: _____

BARE BEAUTY

laser + skin studio

CANCELLATION/NO-SHOW POLICY

48-hour notice: Required to cancel or reschedule without charge.

Late cancellation: Less than 48 hours' notice will result in a charge of $50.

No call, no show and same-day cancellation: Full payment of the service cost will be charged. A session may be taken away from a package.

Late arrivals: Clients arriving more than 10 minutes late may be subject to a shortened service or rescheduling, at the provider's discretion, and may incur a late fee/ cancellation fee.

Card on file: A valid credit card is required to hold an appointment, and cancellation fees will be charged to the card on file.

Exceptions: In the event of a true emergency, all or part of the cancellation fee may be applied to future services.

When you book an appointment with me, that time is reserved specifically for you. By canceling or rescheduling with short notice, you're not only taking away a spot that could've gone to another client, but you're also affecting my business's overall productivity and revenue. Your consideration and prompt communication regarding any changes or cancellations allow me to better serve you and other clients.

I have read and agree to the terms of the CANCELLATION/NO-SHOW POLICY

_____ _____

NAME (Please print) SIGNATURE

_____ _____ _____

CREDIT CARD # EXP. CVV

*NO REFUNDS AND TREATMENTS ARE NON-TRANSFERABLE