

Majestic Beauty Spa PLLC
CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate treatment, we need you to complete the following questionnaire. All information is strictly confidential

PERSONAL HISTORY

Client Name _____ Today's Date _____

Date of Birth _____ Age _____ Occupation _____

Home Address _____ City _____ State ___ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Email _____

Emergency Contact Name and Phone _____

How were you referred to us? _____

Do you regularly use tanning salons or sun bathe? _____ How often? _____

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No

If yes, for what: _____

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer Diabetes High blood pressure Herpes Arthritis
- Frequent cold sores HIV/AIDS Keloid scarring Skin disease/Skin lesions
- Seizure disorder Hepatitis Hormone imbalance Thyroid imbalance
- Blood clotting abnormalities Any active infection

Do you have any other health problems or medical conditions? Please list: _____

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced) Food Animal Protein Latex

Aspirin Lidocaine Hydrocortisone Hydroquinone or skin bleaching agents

Others: _____

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MEDICATIONS

What oral medications are you presently taking? Birth control pills Hormones
 Others (It is required that you list all of them): _____

What topical medications or creams are you currently using? Retin-A Others (Please list):

For our female clients:

Are you pregnant or trying to become pregnant? Yes No

Are you breastfeeding? Yes No

Are you using contraception? Yes No

Reason for Visit

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the healthcare professional, technician, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature _____ Date: _____