



Skin Care History Questionnaire and Waiver

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Date Of Birth: _____

Email Address: _____

Have you seen a dermatologist in the past year? Yes _____ No _____

If yes list dermatologist name and reason for visit _____

Are you presently under a Physician's care? Yes _____ No _____

If yes list physician's name and reason for visit _____

Are you currently taking any medications? Yes _____ No _____ if yes, please list

Please circle the following conditions you have or had experience:

HIV

Metal plate/diabetes

Contact lenses anemia

Cancer

(Please turn page over) >

Varicose veins /seizures

Blood disorders /headaches

Asthma hepatitis high/low blood pressure

Cold sores/ lupus thyroid disease

Do you take nutritional supplements? Yes _____ No _____

Do you exercise? Yes _____ No _____

Do you have a tendency to scar? Yes _____ No _____

Allergies

Have you ever had an allergic reaction to any of the following?

_____ Aspirin or Salicylates

_____ Grapes

_____ Milk Products

_____ Latex

_____ Fish, marine or iodine

_____ Skin care Products

_____ Apples

_____ Nuts _____ Citrus

Have you ever had Herpes Simplex? _____

If yes have you been treated with Denavir® (Penciclovir), Zovirax® (Acyclovir) or Abreva?

Are you being treated for Hepatitis? Yes _____ No _____

Female Clients Only:

Are you on hormone replacement therapy? Yes _____ No _____

Are you presently taking birth control pills? Yes _____ No _____

Are you pregnant or nursing? Yes _____ No _____

Are you currently having skin care treatment? Yes _____ No _____

If yes, what type of treatment _____

Have you had any of the following in the last 14 days?

_____ Facial Cosmetic Surgery _____ Chemical Exfoliation (peels)

_____ Botox Injections _____ Extractions
_____ Collagen Injections _____ Permanent Cosmetics
_____ Skin Cancer _____ Waxing
_____ Dermatitis _____ Laser Hair Removal
_____ Keloid Scarring _____ Microdermabrasion
_____ Laser resurfacing _____ Fillers

Home Care

What skincare products are you currently using at home?

Cleanser _____ Vitamin C _____
Toner _____ Exfoliants/ Scrubs _____
Moisturizer _____ SPF _____
Retinol/Tretinol _____ Glycolics/Salicylics _____

Please check if you are currently using or have used in the past any of the following:

_____ Benzoyl Peroxide (BP) _____ Tretinoin (Retin A, Retin –A Micro®, Renova
_____ Glycolic Acid (AHA) _____ Adepalene (Differin®)
_____ Lactic Acid (AHA) _____ Azelaic Acid (Azelex®, Finacea™)
_____ Resorcinol _____ Tazarotene (Tazorac®)
_____ Salicylic Acid _____ Isotretinoin (Acuutane)
_____ Sulfur _____ Vitamin A

Sun Protection

Do you use a sunscreen? Yes _____ No _____
What level of protection? _____
Do you sunbathe or participate in outdoor activities? Yes _____ No _____
Do you tan in a tanning booth? Yes _____ No _____
Have you tanned in a tanning booth in the last 14 days? Yes _____ No _____
Have you had any direct sun exposure in the last 14 days? Yes _____ No _____

(Please turn page over) >

When exposed to sun do you:

_____ Always burn, never tan _____ Sometimes burn, sometimes tan

_____ Always burn, sometimes tan _____ Always tan

Do you feel your skin is sensitive? Yes _____ No _____

What skin conditions do you want to improve?

_____ Acne and or breakouts _____ Uneven Tone

_____ Facial Scarring Other _____

_____ Hyperpigmentation (freckles, age spots)

_____ Enlarged pores

_____ Fine Lines and Wrinkles

_____ Rosacea

Certain services should not be performed with certain medical conditions. I have Stated all my known medical conditions and answered all questions honestly on The medical history form and agree to update Sage Spa 431 LLC as to any changes. I Acknowledge that the therapists at Sage Spa do not provide medical advice and I Accept full responsibility to seek out such advice before receiving any services of Sage Spa 431 LLC.

I hereby release, discharge and waive any and all claims against Sage Spa 431 llc and Each of their partners, employees, representatives or any person(s) performing services at Sage Spa 431 LLC, including from liability and responsibility for any and all illness, injuries, damages, claims, rights and causes of action of any kind or nature, that may occur during or arising out of any services received on this and any future dates. I expressly assume and accept the risk for any injuries sustained. I have read this entire document, understand that it affects my legal rights and agree to its terms.

Signature: _____ Date: _____