

INNERLIGHT HEALTH SPA

(845) 229-9998 - www.InnerLightHealthSpa.com

Skin Care Client History Form

Name _____ Date _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Would you like to receive the monthly InnerLight Bulb e-Newsletter? Yes No

How did you hear about us? _____

Date of Birth ___/___/___ Height ___ Weight ___

What are your concerns? _____

1. Are you currently or within the last year been under a physician's care? Yes No

If yes, what for _____

2. Have you had any of these health problems in the past or present?

Cancer ___ Yes ___ No

Hormone imbalance ___ Yes ___ No

Thyroid ___ Yes ___ No

Diabetes ___ Yes ___ No

Epilepsy ___ Yes ___ No

Heart Problems ___ Yes ___ No

Varicose Veins ___ Yes ___ No

HIV/AIDS ___ Yes ___ No

Rosacea ___ Yes ___ No

Herpes ___ Yes ___ No

Hepatitis ___ Yes ___ No

4. Do you smoke? ___ Yes ___ No

Claustrophobia? ___ Yes ___ No

Allergies? ___ Yes ___ No

Ever used the acne drug, Accutane? ___ Yes ___ No

Exercise regularly? ___ Yes ___ No

Wear contact lenses? ___ Yes ___ No

Have metal implants or a pacemaker? ___ Yes ___ No

Are you trying to get pregnant? ___ Yes ___ No

Have you ever had a body spa treatment before? ___ Yes ___ No

If yes, which treatments? _____

3. Are you taking any of the following?

Oral medications (includes birth control) ___ Yes ___ No

If yes, please list: _____

Other: (includes vitamins/ minerals/ herbs) ___ Yes ___ No

If yes, please list: _____

Male Clients Only:

What is your current shaving system? Wet ___ Electric ___

Do you ever experience irritation from shaving? Yes ___ No ___

Do you experience ingrown hair? Yes ___ No ___

5. What type of skin care regimen are you currently using?

Morning _____

Evening _____

6. Have you ever had a professional facial treatment before? ___ Yes ___ No

If yes, where? _____

Your comfort is our concern. Please let us know if you are hot, cold, uncomfortable or just right. Please note our lateness and cancellation policy. If you are late for your appointment, we do expect full payment and we are only able to accommodate ten minutes beyond your scheduled end time. If you do not show up or cancel without 24 hours advanced notice, we do expect full payment. We appreciate your business and most of all your respect. Thank you.

I attest that the above information is true to the best of my knowledge and I release InnerLight Health Spa, with associated therapists, of liability as a result of anything other than malpractice.

Client Signature _____ Date ___/___/___