CLIENT INTAKE FORM

CLIENT CONTACT INFORMATION

Client Name: _____

Date of Birth: _____

Telephone: _____

Address: _____

City: _____ State/Prov.: _____

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

CLIENT HEALTH HISTORY

Please indicate if the following apply to you:

Yes	No	
☐	☐	Botox
☐	☐	Diabetes
☐	☐	Lip Fillers
☐	☐	Cold Sores/Fever Blisters
☐	☐	Blepharoplasty (Eyelid surgery)
☐	☐	Hepatitis (A, B, C, D)
☐	☐	Easily bleed
☐	☐	Face lift
☐	☐	Eye surgery/injury/Corneal abrasion
☐	☐	Abnormal Heart Condition
☐	☐	Contact Lenses
☐	☐	Chemical Peel within last 3 weeks
☐	☐	Pregnant/Breast feeding
☐	☐	Oily Skin
☐	☐	Accutane or acne treatment
☐	☐	Tan by booth or sun
☐	☐	Difficulty numbing with dental work
☐	☐	Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, etc.
☐	☐	Allergic reaction to any medications?
		If so, specify _____
☐	☐	Allergies to metal, food, etc.
		If so, specify _____
☐	☐	Diseases or disorders not listed?
		If so, specify _____
☐	☐	Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl?

Please list medications or vitamins you are presently taking:

_____

_____

_____

I agree that all information in this form is up-to-date and accurate. Please contact MelaBeauty if any changes occur.

Print Name	Signature	Date