

# Fallsgrove MediSpa

## Client Questionnaire

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Condition for which you are seeking service today: \_\_\_\_\_

Have you seen a dermatologist or other physician for this or any other skin condition? Yes or No.

If yes, please explain: \_\_\_\_\_

Do you have any medical conditions for which you are being treated or medically monitored at this time? Yes or No. If yes, please explain \_\_\_\_\_

Are you pregnant? If so, how many months? \_\_\_\_\_

Do you have any implanted electronic device such as a pacemaker? \_\_\_\_\_

### HISTORY – PLEASE CIRCLE YES OR NO AFTER EACH QUESTION

Do you have any allergies? Yes No If yes, please specify: \_\_\_\_\_

Have you ever smoked? Yes No If yes, when and for how long? \_\_\_\_\_

Have you ever had any of the following?

Previous facials? Yes No If yes, when? \_\_\_\_\_

Botox Injection? Yes No If yes, when? \_\_\_\_\_

Restylane Injections? Yes No If yes, when? \_\_\_\_\_

Facial Surgery? Yes No If yes, when? \_\_\_\_\_

Dental Surgery,

Implants, etc.? Yes No If yes, when? \_\_\_\_\_

Facial or jaw pain? Yes No If yes, when? \_\_\_\_\_

Neck Surgery? Yes No If yes, when? \_\_\_\_\_

Please list medications that you currently are using (prescription, supplements, or over the counter):

**Our MediSpa services do not constitute medical treatment for any condition. Our MediSpa services are for cosmetic purposes only.** \_\_\_\_\_

Client Signature