Client Health History: Microcurrent

Have you ever had Botox®, Juvederm®,

or any other injectable?

| Name: | | | | | |
|--|------|--------|---------------------------------|---------|-----------------------------------|
| Address: | | City | :St | ate: | Zip: |
| Home/Cell Phone: | | W | ork Phone: | | |
| Email:How should | we (| cont | act you? Home/Cell Ph | one: | Work Phone: Email: |
| When is the best time to contact you? Morning | : | Day | time: Evening: | | |
| How did you hear of us? | | _ En | nergency contact name | : | |
| Phone: Relat | ions | ship t | to you: | | |
| | Нє | alth | ı History | | |
| Please list any allergies you have: | | | | | |
| These questions are relevant to your skin helps answer thoroughly. | neal | th a | nd may be contraind | ication | s for treatment. |
| Question | Y | N | Details <i>If applicable</i> | | Adverse Reactions? If applicable |
| Are you pregnant or nursing? | | | | | |
| Do you wear contacts or glasses? | | | | | |
| Do you have any metal implants, including plates, screws or pins? | | | | | |
| Do you have any metal piercings? | | | | | |
| Do you use a pacemaker? | | | | | |
| Do you have any heart problems? | | | | | |
| Do you have high/low blood pressure? | | | | | |
| Do you have braces, metal fillings or other dental implants? | | | | | |
| Do you currently have a cold or flu? | | | | | |
| Do you have an autoimmune disorder or connective tissue disease? | | | | | |
| Have you had any previous facial treatments? | | | | | |
| Do you use Retin-A®, Accutane® or any other prescribed topical Vitamin A derivative? | | | | | |

Continued \Rightarrow



Have you ever had any of these conditions? (Please circle)

| | | | | | <u> </u> |
|-------------------|---------------------------------|------------|-------------|--------------------|--------------------|
| Acne rosacea | Bell's palsy | Cold sores | Diabetes | Embolism | Epilepsy |
| Light sensitivity | Melanoma | Migraines | Open wounds | Phlebitis | Recent scar tissue |
| Sensitive skin | Skin inflammation/ disorders | Stroke/TIA | Thrombosis | Thyroid conditions | Varicose veins |

| Any other health condition not listed: | |
|--|---|
| Is there anything else we should know about? | _ |
| | |

Although every precaution will be taken to ensure your safety and wellbeing before, during and after your microcurrent