Sweet Tea
Massage & Esthetics

# Client Intake & Health History

Date

Name | DOB | AGE

Address

Phone | Occupation

Email

## Medical Background

Check all that apply (past and present)

- Pregnant/Breastfeeding
- Epilepsy
- Bleeding Disorder
- Hypertension
- Cancer
- Cardiac/Vascular Problems
- Recent Surgical Incision
- Fever
- Diabetes
- Unhealed Wounds
- Sunburn
- Skin Conditions/Disorders
- Transdermal Drug Delivery System
- Transplant(s)
- Thyroid Disorders/Disease
- Hives, Herpes, Shingles
- Anticoagulants (Blood Thinners)
- Organ Failure
- Botox/Dermal Fillers
- Dislocations
- Pacemaker/Other Electronic Device Implant
- Insulin Monitor
- Heart/Kidney/Liver Disease
- Plastic/Bone Cement/ Metal Implants
- Other Medical Condition _____
- Current Medications: _____
- Allergies: _____

## Skin Medications

Please check if you are using any of the following:

- Accutane
- Retin-A
- Photosensitizing Medications
- Hydroquinone
- Alpha Hydroxy Acids
- Other Topicals: _____

By signing below, you agree to the following:
I have completed this form to the best of my ability and knowledge and agree to inform my esthetician of any changes to the information listed on all the pages of this client intake form. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform my esthetician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my esthetician and "COMPANY NAME HERE" for any injury or damages incurred due to my misrepresentation of my health history.

Signature | Date