

SKINWORKS

WELLNESS & AESTHETICS

Name: _____ DOB: ___/___/___ Date: ___/___/___

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell: _____

Email: _____

How did hear about us? (circle one) Facebook Twitter Instagram Web Search

Other: _____ Referral: _____

Marital Status: _____

Occupation: _____ Employer: _____

In case of Emergency:

Name: _____ Relationship: _____ Phone: _____

Past Personal Medical History: (circle all that apply)

Anemia | Chronic Cough | Heart Murmur | Phlebitis Arthritis | Cold Sores | Irregular Heartbeat

Seizure Disorder | Artificial Joint | Colitis | Pacemaker | Stroke | Autoimmune Disease

Connective Tissue Disorder | Defibrillator | Thyroid Disorder | Bleeding Disorder | Diabetes

Herpes Simplex | Tuberculosis | Blood Clots | Dialysis | Hepatitis B or C | Ulcers

Breast Cancer | Depression | High Blood Pressure | Valley Fever | Bronchitis | Fibromyalgia

HIV/AIDS | Metal Implants | Burns | Heart Disease | Migraines | Raynaud's Disease | Cancer

Heart Valve | Multiple Sclerosis

Do you currently have any of the following symptoms: (circle all that apply)

Poor General Health | Headache | Suspicious Moles | Flushing | Bleeding Tendencies | Swollen Lymph Nodes

Chest Pain | Swollen Legs/Feet | Itching | Heat/Cold Intolerance | Circulation Problems | Numbness

Easy Bruising | Swelling | Non-Healing Sores | Rashes | Fainting

Past Personal Skin History: (circle all that apply)

Undiagnosed Skin Lesions | Connective Tissue Disorder | Melanoma | Shingles
Keloid Scars | Actinic Keratosis | Serious Skin Infection | Psoriasis | Eczema
Basal Cell Skin Cancer | Squamous Cell Skin Cancer | Lupus | Pigment Disorder

Have you ever seen a dermatologist or plastic surgeon for your skin?

Yes_ No_ If yes, explain:

Prescription/OTC Medications

Medication Allergy and Reaction

Are you currently taking ACCUTANE or have you taken it in the last 6 months? Yes__ No__

Latex allergy? Yes___ No___

Iodine allergy? Yes___ No___

Milk allergy? Yes___ No___

Topical Medications (please circle)

Retin A | Refissa | Tazorac | Renova | Differen Other: _____

Are you pregnant? Yes___ No___

Planning to become pregnant? Yes___ No___

Are you nursing? Yes___ No___

***Skinworks Wellness and Aesthetics does not accept insurance of any kind. Payment for service is due at the time service is rendered.**

Client Signature: _____

Reviewed By: _____

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