

ADAM & EVE MEDICAL AESTHETICS
CLIENT INFORMATION & MEDICAL HISTORY

In order to provide you with the most appropriate treatment, we need you to complete the following questionnaire. All information is strictly confidential.

PERSONAL HISTORY (PLEASE PRINT)

Client Name _____ Today's Date _____

Date of Birth _____ Age _____ Occupation _____

Home Address _____ City _____ State ___ Zip Code _____

Cell Phone (____) _____

Home Phone (____) _____

Work Phone (____) _____

Email _____

Emergency Contact Name and Phone _____

How were you referred to us? _____

Which of the following best describes your skin type? (Please circle one type number)

- I Always burns, never tans
- II Always burns, sometimes tans
- III Sometimes burns, always tans
- IV Rarely burns, always tans
- V Brown, moderately pigmented skin
- VI Black skin

Do you regularly use tanning salons or sun bathe? _____ How often? _____

MEDICAL HISTORY

Are you currently under the care of a physician? Yes No

If yes, for what: _____

Are you currently under the care of a dermatologist? Yes No

If yes, for what: _____

Do you have a history of erythema abigne, which is a persistent skin rash produced by prolonged or repeated exposure to moderately intense heat or infrared irritation? Yes No

Do you have any of the following medical conditions? (Please check all that apply)

- Cancer Diabetes High blood pressure Herpes Arthritis
- Frequent cold sores HIV/AIDS Keloid scarring Skin disease/Skin lesions
- Seizure disorder Hepatitis Hormone imbalance Thyroid imbalance
- Blood clotting abnormalities Any active infection

Do you have any other health problems or medical conditions? Please list: _____

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced) Food Latex Aspirin Lidocaine
Hydrocortisone Hydroquinone or skin bleaching agents Others: _____

MEDICATIONS

What oral medications are you presently taking? Birth control pills Hormones
Others (Please list): _____

Are you on any mood altering or anti-depression medication? _____

Have you ever used Accutane? Yes No, If yes, when did you last use it? _____

What topical medications or creams are you currently using? Retin-A® Others (Please list): _____

What herbal supplements do you use regularly? _____

HISTORY

Have you ever had laser hair removal? Yes No

Have you used any of the following hair removal methods in the past six weeks?

Shaving Waxing Electrolysis Plucking Tweezing Stringing Depilatories

Have you had any recent tanning or sun exposure that changed the color of your skin? Yes
No

Have you recently used any self-tanning lotions or treatments? Yes No

Do you form thick or raised scars from cuts or burns? Yes No

Do you have Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin) or marks after physical trauma? Yes No If yes, please describe: _____

For our female clients:

Are you pregnant or trying to become pregnant? Yes No Are you breastfeeding? Yes
No

Are you using contraception? Yes No

Please check below on any treatments & services that you are interested in receiving additional information

Botox or other treatments to relax wrinkles & reduce excessive sweating

Dermal fillers to add volume to lips & face

Skin tightening for face and/or body

Non-invasive laser treatments to refresh and brighten the skin

Fractional laser treatments to increase collagen for improved skin tone and texture

Laser hair removal

Hair restoration for hair loss resulting from genetics or illness

Vein removal

Rosacea treatment for redness and bumps on the skin

Liposuction for fat removal

Cellulite treatment to smooth the dimpling of the skin

Weight loss

Chemical peels and/or skincare products to improve the texture and color of the skin

Eyelash tinting & restoration for longer, darker, and fuller lashes

Hyperbaric oxygen treatments for healing and improved health

Vitamin injections for increased energy and immune system support

Are you interested in a complimentary consultation and skin evaluation _____

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor or nurse of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature _____ Date: _____

Adam & Eve Medical Aesthetics

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