



PRE – TREATMENT FORM

Name _____ Date _____

Address _____ Apt. # _____ City _____

State _____ Zip _____ Home _____ Cell _____

e-mail address _____ D/O/B _____

Health Information:

Are you currently under the care of a physician/dermatologist for your skin? Yes _____ No _____

Are you currently pregnant or undergoing fertility: Yes _____ No _____

Do you have any Medical/Health conditions? Yes _____ No _____ If so, what are they? _____

Are you currently taking any prescription medications _____

Are you currently or have you taken within the past six months Differin/Accutane, Metrogel, Renova, Retin A, Tazorac? Yes _____ No _____

Have you had a chemical peel: Yes _____ No _____ When _____

Have you had Microdermabrasion Yes _____ No _____ When _____

Have you had advanced skin care treatments within the past two weeks? Yes _____ No _____

Do you have any known allergies to anything? Yes _____ No _____

If yes, please list all allergies _____

Have you ever had a cold sore? Yes _____ No _____ When _____

Do you smoke? Yes _____ No _____ Do you exercise? Yes _____ No _____

Do you take vitamins? Yes _____ No _____

Do you wear contacts? Yes _____ No _____

Is this your first facial? Yes _____ No _____

What would you like to improve about your skin? _____

What is your current home skincare routine? What type of products do you use?

I confirm that, to the best of my knowledge, the answers above are correct, and I have not withheld any relevant information. I hereby agree to assume all risk and responsibility and to hold the medispa and its employees harmless in the event I sustain any injury or damage to my person, directly or indirectly, as a result of my services. I further agree to release the medispa and its employees from any claim, cause of action, suit, damages, etc. that may result from any such injury or damage.

Signature _____ Date _____