

Please list the skincare products you currently use and their brand names:

___ Cleanser _____	___ Toner _____
___ Serum _____	___ Moisturizer _____
___ Eye Cream _____	___ SPF _____
___ Exfoliant _____	___ Others _____

Please check the prescription medication you are currently using or used in the last 6 months:

___ Accutane	___ Differin
___ Retin-A, Tretinoin	___ Tazorac (Vitamin A)
___ Antibiotics (Oral or Topical)	___ Others _____

Do you have any allergies to ingredients, medications, or food? _____

Circle one:

Do you plan to participate in vigorous exercise in the next 72 hours? Yes No

Do you have extended outdoor plans in the next 7 days? Yes No

What is your level of stress? Low 1 2 3 4 5 6 7 8 9 10 High

Do you smoke? Yes No

Do you drink alcohol? Yes No

Do you wear contact lenses? Yes No

Have you recently sunbathed or been in a tanning bed? Yes No

Pregnant or breastfeeding? Yes No

Do you have permanent makeup? Yes No

Have you recently had any facial or body waxing or used at home depilatories? Yes No

Have you undergone any laser treatments in the area to be treated? Yes No

Do you receive injectables? (Botox, Fillers) Yes No

How often do you exercise? _____

How many 8oz glasses of water do you drink a day? _____

How many ounces of caffeine do you consume each day? _____

In the past 30 days, please list all professional facial or dermatology services you have received (i.e., Chemical peel, Microdermabrasion, Laser, Cosmetic injectables, Etc.):

Please take a moment to carefully read the following list of conditions and check any that have affected your health either recently or in the past:

Hemophilia (bleeding disorder)	Cardiac Issues	Tension Headache/ Migraines
Pregnant or Breastfeeding	Abnormal Moles	Sinus Infections
HIV Positive	Keloid Scarring	Contagious Conditions
Herpes Virus (cold sores, fever blisters)	Thyroid Problems (Hypo or Hyper)	Heart Condition/ Pacemaker/ Defibrillator
Hormonal Therapy	Hepatic or Kidney Insufficiency	Autoimmune Disease
Radiation/Chemotherapy	Diabetes	Psoriasis/Eczema
High or Low blood Pressure	Epilepsy or Seizures	Glaucoma
High Cholesterol		

____ Skin Cancer Where/When? _____

____ Metal Implants Location: _____

In the past 12 months have you had any recent surgery?

Have you had any hernias in the past or present?

Are there other Medical Spa services that you would like more information about?

I confirm that all the above information is true and accurate to the best of my knowledge. I take full responsibility for alerting my Specialist to any physical or mental condition which would affect my service or results. I understand my treatment is therapeutic in nature and will alert my Specialist to any discomfort.

I understand and acknowledge the risks involved with the treatments. I have had the opportunity to ask questions regarding these risks and other complications. I understand that any false or misleading information I have given may lead to undesired results and complications, and hereby waive Florida Lakes Spa and the Specialist liability if such results or complications occur. I further understand my failure to follow post care instructions may also lead to undesired results, complications, or effects and hereby waive Florida Lakes Spa and the Specialist liability if such results or complications occur. In consideration for Florida Lakes Spa and the Specialist performing this procedure, I agree I will assume the risk and full responsibility for any and/or all injuries, losses, or damages, which might occur to me while I am undergoing this procedure or side effects I may experience after the procedure is performed. I understand that the Specialist does not diagnose illness, disease, or any other physical or mental conditions. Any sexual misconduct exhibited by the Client will result in immediate termination of the session, and the client will be liable for payment of the scheduled appointment. To the maximum extent allowed by law, I agree to waive and release any and/or all present and future claims, suits, or related causes of action against the Specialist, Florida Lakes Spa, its service providers, owners, officers, employees, or agents for negligence, injury, loss, death, costs or other injuries or damages to me because of this procedure.

Signature: _____

Date: _____