

### CLIENT CONTACT INFORMATION

First name(s): _____ Middle name: _____ Last name: _____ Date of birth ____/____/____ (MM/DD/YY)	Tel: _____ Mobile: _____ E-mail: _____
<b>Address</b> Address: _____ City: _____ Province: _____ Postal code: _____	<b>Preferred Contact:</b> <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Message *You will be sent a confirmation prior to your appointment.

### MEDICAL HISTORY:

Existing or recent illnesses	
Hospitalizations/Surgery	
Medications	
Medication intolerance	
Any known allergies (including allergies to cosmetic products*)	
Previous aesthetic procedures in the treatment area (including dates of treatments)	



3-IN-1 SUPER FACIAL™

Do you have or have you experienced any of the following conditions?

	YES	NO	if YES, please specify
Current or history of cancer, especially skin cancer or pre-malignant moles	YES	NO	
Are you currently pregnant or nursing?	YES	NO	
Any active skin condition in the treatment area? (e.g., sores, eczema, rash, fragile skin, swollen skin, burnt or injured skin, active acne, rosacea, dermatitis, psoriasis, active Herpes Simplex)	YES	NO	
Freshly tanned skin (within the last few days)	YES	NO	
Vascular disorders in the treatment area (e.g., thrombosis, varicose, phlebitis)	YES	NO	
Severe concurrent disease such as: uncontrolled diabetes, epilepsy, cardiac disorders, lupus, and cancer	YES	NO	
Accutane (Isotretinoin) / Retin-A within the last 6 - 12 months	YES	NO	
Chemical peels, Laser skin resurfacing, or Fractional RF resurfacing within the last 3 months?	YES	NO	
History of severe allergic reactions (e.g., hives) to cosmetic ingredients	YES	NO	
History of skin disorders such as keloid scarring, abnormal wound healing, as well as very dry and fragile skin.	YES	NO	

#### CLIENT CONSENT

I understand, have read, and completed this questionnaire truthfully. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this company **USZTA VIZ** from liability and assume full responsibility thereof.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_