

Melissa Mason Lmt
Skin Care Specialist
Client Skin Care History

Name: _____ date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Date of birth: _____ Phone: _____

Emergency contact: _____ Phone: _____

Are you pregnant: yes/no If yes, how far along? _____

Do you have any of the following health conditions?

- | | | |
|--------------------------------|---|--|
| <input type="radio"/> Aids/HIV | <input type="radio"/> Heart problems | <input type="radio"/> Recent surgeries |
| <input type="radio"/> Cancer | <input type="radio"/> Hepatitis | <input type="radio"/> Strokes |
| <input type="radio"/> Diabetes | <input type="radio"/> High/Low blood pressure | |
| | <input type="radio"/> Lupus | |

Please list any other health conditions not listed above: _____

Are you currently using any of the following?

- | | |
|---|---------------------------------------|
| <input type="radio"/> Glycolic/alpha hydroxy acid | <input type="radio"/> Hydroquinone |
| <input type="radio"/> Accutane | <input type="radio"/> Hormone Therapy |
| <input type="radio"/> Topical Vit. C | <input type="radio"/> Birth Control |
| <input type="radio"/> Retin A/Renova | <input type="radio"/> Sunscreen |

Other prescription or OTC meds currently using: _____

Are you using or have you ever used any meds for acne? yes/no

If yes, how long since last used? _____

Do you suffer from cold sores? yes/no If yes, do you take medication? yes/no

If yes, how long has it been since you last used medication? _____

Do you smoke? yes/no

Do you tan? yes/no

Have you had a facial before? yes/no If yes, when: _____

Have you had electrolysis, laser hair removal or waxing in the last week yes/no

If yes, please explain: _____

What skin care products are you currently using? _____

Have you ever had a reaction to any of the following?

- | | | |
|-----------------------------------|---|---------------------------------|
| <input type="radio"/> cosmetics | <input type="radio"/> pollen | <input type="radio"/> shellfish |
| <input type="radio"/> medications | <input type="radio"/> skin products | <input type="radio"/> latex |
| <input type="radio"/> food | <input type="radio"/> essential oils | <input type="radio"/> aspirin |
| <input type="radio"/> animals | <input type="radio"/> nuts | <input type="radio"/> other |
| <input type="radio"/> sunscreens | <input type="radio"/> alpha hydroxy acids | |
| <input type="radio"/> iodine | <input type="radio"/> fragrance | |

If yes to any of the above, please explain: _____

Have you had any of the following?

- | | | |
|---|---|----------------------------------|
| <input type="radio"/> breakouts/acne | <input type="radio"/> sun damage | <input type="radio"/> flaky skin |
| <input type="radio"/> excessive oil/shine | <input type="radio"/> enlarged pores | <input type="radio"/> dehydrated |
| <input type="radio"/> rosacea | <input type="radio"/> uneven skin tone | <input type="radio"/> other |
| <input type="radio"/> broken capillaries | <input type="radio"/> wrinkles/fine lines | |
| <input type="radio"/> liver/brown spots | <input type="radio"/> dull/dry skin | |

Is there any other information I should know about regarding your skin & health before we begin your treatment? _____

It is your responsibility to inform Melissa Mason Lmt of any pre-existing & all health conditions as well as any changes in your skin or health. It is also your responsibility to inform Melissa Mason Lmt of any discomfort during any session.

I _____ understand & accept any risks of which I have been advised, that may be associated with the agreed upon skin treatment. I release Melissa Mason Lmt from all liability arising from any injury &/or damage from failure to inform Melissa Mason Lmt of any pre-existing conditions, limitations, specific sensitivities, &/or any discomfort during the treatment. I agree to keep Melissa Mason Lmt updated as to any changes in my medical file.

Client signature: _____ Date: _____

Therapist signature: _____ Date: _____

Treatment & Progress Notes

Client name: _____ dob: _____

anniversary: _____ spouse: _____

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

