Alora Health Spa

Patient Information – Facial

Name: _____ Date of Birth: ____/____/_____
Occupation: _____ Phone: _____
Email: _____
How did you find us? _____

Have you been under the care of a physician, dermatologist, or other medical professional within the past year? Yes/No If yes, please explain: _____
_____
Do you take any medication? Yes/No If yes, which ones? _____
_____
Have you had a professional facial before? If so, when was the last session? _____
Do you use Botox, Retin-A, Renova, Glycolic Acid, Hydroquinone, AHA, Salicylic Acid, Retinol/ Vitamin-A derivative products? Yes/No If yes, which ones? _____
_____
Have you used any acne medication? Yes/No If yes, which one and how often? _____
_____
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, which one? _____
Do you have any allergies to scented/unscented oils, lotions, or creams? Yes/No If yes, please specify
_____
Please circle if you have ever had an allergic reaction to any of the following?
Cosmetics Medicine Food Animals Sunscreens Iodine Pollen AHAs
Please explain: _____

Have you had any recent facial surgery, including plastic surgery? Yes/No If yes, which one? _____
_____
Have you had or have cancer? Yes/No If so, what type? _____
If female, are you pregnant? Yes/No If yes, how many weeks? _____
Any menopause challenges? Yes/No If yes, please list symptoms: _____
_____
Do you exercise? Yes/No How often? _____
What is your daily consumption of water? _____
What is your stress level? High / Medium / Low
Have you been exposed to the sun or used a tanning bed in the last 48 hours? Yes/No
Do you have any metal implants or wear a pacemaker? Yes/No

In case of an emergency, whom should we call? Name: _____
Relationship: _____ Phone: _____

I understand and I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindication and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform my skin care professional of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release Alora Health Spa and/or the skin care professional from liability and assume responsibility thereof.

Signature: _____ Date: _____

OFFICE USE ONLY

Notes:_____