



**EDANS MED SPA**  
body contouring & aesthetics

Health History/ Skin Care Questionnaire

If interested in Interest free payment plans, please fill out this section below:

Social Security # \_\_\_\_\_

Monthly or yearly income \_\_\_\_\_

Rent or own your home? \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Referred by: \_\_\_\_\_

**Medical and personal info:**

Pregnant : (circle one) Yes No Smoke: Yes No

Cosmetic surgery: Yes No If yes, when and what type: \_\_\_\_\_

Medications: \_\_\_\_\_

Health Problems: \_\_\_\_\_

Allergic reaction to medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Do you suntan? Yes No If yes, how often? \_\_\_\_\_

Do you use sunscreen? Yes No Are you in the sun often? Yes No

Have you, or are you currently using a Retin-A or Retinol? Yes No If yes, what percentage? \_\_\_\_\_

Have you ever used a Hydroquinone (skin lightener)? Yes No If yes, what kind? \_\_\_\_\_

Are you currently using any skin care? Yes No

If yes, what kind and for how long? \_\_\_\_\_

How would you characterize your skin? Dry Oily Normal Sensitive Combination

What are your main concerns with your skin? \_\_\_\_\_

Additional comments/concerns: \_\_\_\_\_

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Do you have any of the following medical conditions? (please check all that apply)

- Cancer
- Diabetes
- High Blood Pressure
- Herpes
- Frequent Cold Sores
- HIV/AIDS
- Keloid Scarring
- Skin Disease/Lesions
- Seizure Disorder
- Hepatitis
- Hormonal Imbalance
- PCOS
- Active Infection requiring antibiotics

Do You have any other Health Problems or medical conditions? Please List: \_\_\_\_\_

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Have you ever had an allergic reaction to any of the following?

- Food Explain: \_\_\_\_\_
- Latex
- Aspirin
- Sugar
- Lidocaine
- Hydrocortisone

In order to provide you with the most appropriate treatment, we need you to provide us full disclosure of your medical history. All information remains CONFIDENTIAL. There is also a \$25 cancellation fee if you fail to cancel an appointment within 24 hrs. Or if you do not show up to a scheduled appointment and fail to let the spa know of your schedule changes. To be fair to other patients if you arrive 15 minutes past your scheduled appointment time we will have to reschedule you.

**I agree to mediation instead of litigation, all services are non-refundable.**

I certify that the preceding medical, personal and skin history statements are true and correct. I am aware that it is my responsibility to inform the technician, esthetician, therapist, doctor, or nurse, of my current medical or health conditions and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_