



Client Medical History - Blu Ice Med Spa

Today's Date: *



Month Day Year

Name:

Date of Birth



Month Day Year

Occupation

Home Address

Do you smoke?

Yes

No

Regular Exercise?

Yes

No

Email address:

Emergency Contact name and Phone:

Pharmacy Name/ Phone:

Whom should we thank for referring you?

Procedures /products of interest to you:

BOTOX Cosmetic (Botulinum Toxin Type A)

Skin Care Products

Chemical Peels

Dermal Fillers (Juvederm, Radiesse, Voluma, Sculptra)

Sunscreen Advice

Collagen Therapy

Skin Care Advice

AHA and Glycolic Peel

Avage, Retin-A or Renova

Scleroderma or other connective tissue disease?

Yes

No

Are you on immunosuppressive therapy?

Yes

No

Have had radiation therapy?

Yes

No

Bleeding Problems?

Yes

No

Breathing problems, such as asthma or emphysema?

Yes

No

Drooping eyelids?

Yes

No

Do you have history of any eye pressure problems / macular edema?

Yes

No

Have a pacemaker or internal defibrillator?

Yes

No

Herpes infections, bacterial or fungal infections in the areas to be treated?

Yes

No

History of epilepsy?

Yes

No

Side effects from any Botulinum toxin product in the past?

Yes

No

Do you form thick or raised scars (keloids) from cuts or burns?

Yes

No

Hyperpigmentation (darkening of the skin) or Hypopigmentation (lightening of the skin)?

Yes

No

Areas of persistent redness?

Yes

No

Are you using medications that make you sensitive to light?

Yes

No

Are you using preparations containing sulfur, resorcinol, or salicylic acid?

Yes

No

Do you have a history of anaphylaxis/severe allergies?

Yes

No

Women Only:

Are you using contraception?

Yes

No

Pregnant or Plan to become Pregnant?

Yes

No

Breast-feeding or plan to breastfeed?

Yes

No

If you selected "Yes" to any of the above, please explain here:

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 aesthetician, therapist, nurse, or doctor of my current medical or health conditions and to update this history.

Resources:

Reviewed with patient by:

Date



Month Day Year

Contact info

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