

Inner Essence Spa LLC Case History Card

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Yes, please email me information from Inner Essence Spa about special offers, new products, events and more!

Phone (home) _____ (work) _____

(cell) _____ Carrier _____

Is it okay for us to text you with appointment confirmations? Yes No

Date of Birth: _____ Marital Status: _____

Appointment Gender Preference (please circle): No Yes _____

Emergency contact information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Please Complete the Following Questions

1. Have you had a facial treatment before? No ___ Yes ___
2. Are you under a dermatologist's care? No ___ Yes ___
3. Is your dermatologist aware you are receiving care from us? No ___ Yes ___
4. Are you using, or have you used in the past, any of the following (please circle): Azelex, Differin, Tazarac, Renova, RetinA, Accutane, AHS's
 - a. If yes to any, how long: _____
5. Have you had any cosmetic surgery? No ___ Yes ___
 - a. If yes, please state the nature of the surgery: _____

6. Are you taking birth control pills? No ___ Yes ___
7. Are you taking hormone replacement therapy? No ___ Yes ___
8. Are you taking prescription drugs? No ___ Yes ___
- a. If yes, please list: _____
9. Do you wear contact lenses? No ___ Yes ___
10. Do you smoke? No ___ Yes ___
11. Do you have any allergies to cosmetics, foods, and/or drugs? No ___ Yes ___
- a. If yes, please list: _____
12. What products do you presently use (please circle all that apply)? Soap, Facial Cleanser, Toner, Scrub, Mask, Moisturizer, Sunscreen, Other: _____
13. Are you affected by or have any of the following (please circle all that apply)? Skin Diseases, Herpes Simplex, Asthma, Epilepsy, Diabetes, Cardiac Problems, Pacemaker, Metal Pins or Implants, Pregnancy, Other Concerns: _____

Inner Essence Spa LLC is not responsible for the aggravation of conditions, which were present, but not disclosed to the practitioner, at the time of service received and which may be affected by the service. Inner Essence Spa LLC is not responsible for any condition, which may/may not have resulted from experiencing services at our facility. By signing, you are stating that you fully understand the above questions and authorize treatment. Thank you.

Your Signature: _____ Date: _____

How did you hear about Inner Essence Spa & Wellness Center?
