Brookridge
AESTHETICS

Name: Date:	Occupation:
Address:	Date of Birth:
City: State: Zip Code:	Email:
CellPhone: Contact me by: Text Call Email	Emergency Contact:
How did you hear about us:	Referral Name:

General Health

1. Rate your level of stress: (5 = highest, 1= lowest) 5 4 3 2 1
2. Are you pregnant or nursing? Yes No
3. Do you wear contact lenses? Yes No
4. Do you smoke? Yes No How many cigarettes per day?
5. Please list any accidents or surgeries in the last 9 months:
6. Do you have any metal implants, a pacemaker or body piercings?
7. List the medications you are currently taking:

Prescription	Over the Counter

Health History

Surgical history: Mesh: Y or N Dental Implants: Y or N

Numbness/Tingling Sinus Problems High Blood Pressure Low Blood Pressure Chronic Pain Eczema

Rashes Psoriasis Jaw Pain/TMJ Blood Clots Constipation

Heart Condition Lymph Edema Allergies Cold Sores/Herpes/Shingles

Broken/Fractured Bones Pregnancy (___ weeks) Fatigue/Sleep Disorder Depression/Anxiety

Undergoing Cancer treatment Other (explain):

Skin Care

1. Are you under the care of a dermatologist? Yes No
2. Do you use: Accutane Retin-A Renova Adapalene Other prescription skin products _____
3. Have you had a: Chemical Peel Microdermabrasion Botox Other resurfacing treatments
4. Are you currently using any products that contain: Glycolic Acid Lactic Acid Hydroxy Acid Vitamin A
5. Do you have any skin sensitivities or irritants

Skin Maintenance					
Products You Use: Masque	Soap	Cleanser	Toner	Moisturizer	Exfoliator
Skin Type:	Oily/Congested	Dry/Dehydrated	Sensitive/Redness	Acne	Sunburned
Have you been tanning in the last 24 hours? Yes	No	Are you going or coming from a vacation? Yes			No
What are your skin care goals?					

It is my choice to receive these Services from Brookridge Aesthetics. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update the staff at Brookridge Aesthetics of any changes to my health status.

If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone, unless I have an emergency. In this case I will call ASAP to reschedule my appointment. If I miss a scheduled appointment without giving 24hour notice, I agree to pay the missed appointment fee that applies.

Name

Date