

Name: _____ Occupation: _____

May we contact you with special offers? If YES, please provide:

Email: _____

Please list all medications that you are currently taking:

Do you use Retin A, Renova, Hydroquinone or any other topical skin prescriptions?

Have you been prescribed Accutane? _____ If so, when? _____

Do you suffer from allergies? If yes, please explain _____

Are you pregnant or lactating? _____

Have you had any of the following:

| | | | | | | |
|----------------------|-----|-------|------|-------|----|-------|
| * Facials | Yes | _____ | Date | _____ | No | _____ |
| * Laser resurfacing | Yes | _____ | Date | _____ | No | _____ |
| * Chemical Peel | Yes | _____ | Date | _____ | No | _____ |
| * Alpha Hydroxy Acid | Yes | _____ | Date | _____ | No | _____ |
| * Microdermabrasion | Yes | _____ | Date | _____ | No | _____ |
| * Facial Surgery | Yes | _____ | Date | _____ | No | _____ |

Please circle any that apply to you:

High blood pressure Pacemaker Diabetes Epilepsy Autoimmune

Do you have a history of fever blisters? Yes _____ No _____

Do you have metal implants or body piercing? Yes _____ No _____

If I experience any discomfort during this session, I will immediately inform the esthetician so that the session may be adjusted to my level of comfort. Because esthetics should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

- Please note that customers who purchase a voucher through Living Social OR Amazon are allowed to use 1 every 6 months at Balanced Bodies.
- If you are currently experiencing a cold or flu, your appointment MUST be rescheduled for a later date.

Client Signature _____ Date _____