

IROQUOIS RIDGE MEDICAL CENTRE

NEW CLIENT HISTORY

First Name: _____

Date: _____

Last Name: _____

Birth Date: _____

Address: _____

City _____ Postal Code _____

Home Phone: _____

Cell Phone: _____

Email _____

Occupation: _____

Ethnic Background (for skin type purposes) _____

MEDICAL HISTORY

Do you have any medical or surgical condition(s) ? YES NO
If so please list: _____

Do you have any allergies to latex, medications, herbal or natural supplements? YES NO
If so please list: _____

Did you have any kind of cosmetic procedures in the past? YES NO
If so please list: _____

Have you taken accutane within the past year? YES NO

Are you on any anticoagulants, daily Aspirin? YES NO

Are you on any birth control pills, fertility drugs, or antibiotics? YES NO

Are you a smoker? YES NO

Do you have veneers on your teeth? YES NO

Do you have a history of cold sores, fever blisters or herpes 1 or 2? YES NO

If so, when was your last outbreak? _____ *The use of lasers and IPL can trigger an outbreak

Do you have a history of hypo/hyper-pigmentation? YES NO

Do you have history of keloid scarring? YES NO

Do you use any skin care products ? YES NO
If so please list: _____

Do you or have you used any topical medications or creams such as Retin A, Renova, Tazorac, Differin, Obagi, or any others? YES NO
If so please list: _____

Do you have permanent makeup or tattoos? YES NO
If so please list: _____ When was last use? _____

PLEASE TELL US ABOUT YOUR SKIN (check all that apply):

Normal ___ Acne ___ Hyper-pigmentation ___
Dry ___ Large pores ___ Hypo-pigmentation ___
Oily ___ Melasma ___ Broken Capillaries ___

Natural Hair Color _____ Eye Color _____

Have you had any recent sun exposure in the past 4-6 weeks?
Including tanning beds, bronzing creams or spray on tans? YES NO
If so please specify: _____

WHAT ARE YOUR SKIN CARE GOALS?

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW:

WOMEN ONLY

Are you or could be pregnant or planning to get pregnant in the near future? YES NO
Are you currently breast-feeding? YES NO
Are your menstrual cycle normal? YES NO

Client Signature: _____

Date: _____

Witness: _____

Date: _____