



# Le Verve MediSpa Health Record

**This file is kept strictly confidential.**

**It is important to answer all questions honestly and precisely to insure you will receive accurate treatment. Thank you.**

Name: \_\_\_\_\_

Apt/Unit: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

For confirmations, would you prefer to be contacted by phone or email? \_\_\_\_\_

Would you like to receive our emails? \_\_\_\_\_

Birthday: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year (optional): \_\_\_\_\_

Currently on medications: Yes No

(If yes please list) \_\_\_\_\_

Have you ever taken Accutane: Yes No

Are you Pregnant: (if Yes, trimester? \_\_\_\_\_) Yes No

Do you wear contact lenses: Yes No

Have any known or suspected diseases/ illness: Yes No

(If yes please list) \_\_\_\_\_

Thyroid problems: Yes No

Hormone problems: Yes No

Diabetes: Yes No

Anxiety: Yes No

Claustrophobia: Yes No

Heart condition: Yes No

Any known allergies: Yes No

(If yes please list) \_\_\_\_\_

**Are you or have you undergone:**

Vitamin A / Acid treatments: Yes No

Chemical peels: Yes No

Do you tan regularly: Yes No



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Do you smoke: Yes No

Do you drink coffee / tea / colas: Yes No

Do you drink water daily: Yes No

Do you exercise: Yes No

Regular menstruation: Yes No

Do you use a facial cleansing regime: Yes No

If so which: Cleanse \_\_\_\_\_ Tone \_\_\_\_\_ Moisturize \_\_\_\_\_ Exfoliate \_\_\_\_\_ Mask \_\_\_\_\_

What are your concerns with your skin?: \_\_\_\_\_ Puffy eyes/Dark circles \_\_\_\_\_ Redness

\_\_\_\_ Breakouts \_\_\_\_\_ Oily \_\_\_\_\_ Fine lines/wrinkles \_\_\_\_\_ Dryness \_\_\_\_\_

How did you hear about Le Verve MediSpa? \_\_\_\_\_

Name of client who we may thank for referring you: \_\_\_\_\_

For Bikini Wax: I certify that I am over 18 years old: \_\_\_\_\_ (check)

I understand that Le Verve MediSpa accepts no responsibility for any outcome that occurs due to my failure to disclose or misrepresentation of any pertinent medical information.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_