MEDICAL HISTORY FORM

Jassi Auluck
MAKEUP. HAIR. SKIN SPECIALIST

Name: _____
DOB: _____
Address: _____
Email: _____
Telephone: _____
Emergency contact (Name & Number) _____
_____

Please check **YES** or **No** and provide details where applicable.

1. Are you currently taking any medications (oral or topical)?

No____
Yes_____ If yes, for what condition/s?
_____

2. Do you have any allergies/anaphylaxis (medications, food, skincare ingredients)?

No____
Yes_____ If yes, please list:
_____

3. Are you pregnant or breast feeding?

No____
Yes_____

4. Are you currently receiving medical treatment?

No____
Yes_____ If yes, for what condition/s?
_____

5. Do you have any of the following conditions? (Check all that apply)

_____ Diabetes

_____ Epilepsy

_____ Autoimmune disease

_____ Skin disorders (e.g., eczema, psoriasis, dermatitis)

_____ Keloid or abnormal scarring

_____ Active acne

_____ Any active skin infections (e.g. cold sores, warts, recent wounds)

Other/s: _____

6. Have you had any recent cosmetic procedures or treatments? (e.g. Electrolysis, Lasers, Microdermabrasion, IPL, Injectables, Filler, Botox)

No____

Yes_____ If yes, please list and how long ago:

_____

7. Have you used Accutane (Isotretinoin) in the past 6-12 months?

No____

Yes_____

8. Do you currently use any of the following? (check all that apply)

_____ Retin - A / Retinoids / Retinol

_____ Alpha hydroxy acids (AHA's)

_____ Beta hydroxy acids (BHA's)

_____ Glycolic acid

_____ Salicylic acid

_____ Benzoyl peroxide

_____ Prescription skin creams

9. Have you had a chemical peel before?

No____

Yes_____

If yes, date of last treatment: _____

10. Is there anything else you wish to let Jasveen know?

_____

_____

Contraindications to AHA 40 40% Glycolic Skin Peel/s:

- Pregnancy or breast feeding
- Roaccutane
- Dermabrasion
- Laser Treatment/recent waxing
- Broken Skin
- Sunburn
- Eczema/psoriasis
- Chemotherapy and radiation
- Active herpes

Consent and Signature:

I certify that the information provided it true and accurate to the best of my knowledge. I understand that withholding medical information may increase the risk of adverse reactions. I agree to follow pre- and post-peel instructions as provided.

Client Signature: _____

Date: _____