Benmiller Inn & Spa

Aesthetic Service Health History Form

(Facials, Body treatments, Waxing, Tinting, Manicures and Pedicures)

The information request below will assist us in treating you safely. Feel free to ask any questions about the information being requested. Please note that all information provided below will be kept confidentially unless your written permission allows it or we are required by law.

Name: _____ Phone # (_____)_____

Address: _____

Occupation: _____

Email:_____ Date of Birth:_____

Is this your first time receiving this/these aesthetic treatments? _____

Medical History:

Allergies:_____ Medication:_____

Please indicate below any conditions you currently have or have experienced in the past:

__Surgeries/Accidents
__High Blood Pressure
__Low Blood Pressure
__Circulation Problems
__Infectious Disease
__Cancer/Tumors
__Skin Diseases/Dermatitis
__Lupus or Aids
__Nail Disorders
__Diabetic
__Contact Lenses
__Headaches/Migraines
__Numbness & Tingling
__Currently Pregnant
__Back/Neck Problems
__Metal Implants
__Hyper Sensitive Skin
__Phlebitis or Varicose veins
__Arthritis
__Athlete's Foot
__Warts
__Claustrophobia
__Bunions
__Epilepsy
__Irritated, inflamed or sunburned skin

Please use this space below to provide additional information concerning those items checked above or any other health related conditions you currently have or have experienced in the past, or anything you want our service provider to know:

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Do you use any of the following:

__Anti-coagulants (blood thinners)
__Accutane or Retin-A
__Botox or Collagen injections in last 3-7 days
__Glycolic Acid/AHA-based skin care products
__Currently getting Chemotherapy/Radiation

Please be aware that some of our products may contain traces of nuts!

I have been informed of possible redness blistering or peeling as a result of waxing and I will not hold the service provider responsible for any damages caused to my person as a result of allowing the waxing procedure to be performed on me.

I fully understand that Benmiller Inn Spa and its service providers may refuse to perform the treatments(s) I have requested if a contraindication is stated. I understand that I have given up substantial rights by signing this release and that it represents an agreement between me and Benmiller Inn Spa and me. I agree that my participation in treatment(s) is voluntary and I accept the inherent risks.

I understand that the services offered are not a substitute for medical care and any information provided by the aesthetician is for educational purposes only and not diagnostically prescriptive in nature. I understand that the information herein is to aid the aesthetician in giving better service and is completely confidential.

A client form provides our service providers with the necessary information to complete a treatment safely and without complication. Conditions such as pregnancy (or possibility thereof), recent surgery and various other conditions can conflict with certain treatments. It is in your best interest to complete the necessary forms to the best of your ability. All information collected on a client form is strictly confidential and is only shared with no one other than our spa service providers.

By signing this form, I fully understand and agree to everything on this health history form.

Signature: _____ Date: _____

Service Provider Notes:

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